Surgeon without borders

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Nobody will know you for your secret thought. Ask the Lord for wisdom and strength to express them.

Gabriel García Márquez, novelist and winner of the Nobel Prize for Literature, in his touching farewell letter.

I dedicate this book to my Mother, who
shaped my personality in my early youth,
Who took a great interest in my experiences and impressions of distant countries, and despite the fact that in the
final stage she was left alone never complained or did not try to turn me away.

I took as the motto of my book my favorite
passage from a poem by English poet William Blake:

To see a World in a Grain of Sand
And a Heaven in a Wild Flower,
Hold Infinity in the palm of your hand
And Eternity in an hour.

INTRODUCTION

I am a surgeon, not a professional writer. I decided to write down my experiences because they seem interesting and quite unusual. There is another reason, however. Well, it is a human trait desire to leave behind something that will survive us, at least for some time. Some people leave behind material goods, others - numerous offspring. However, it turns out that the stories told or written down stories, provided they are available to others can also have a long life. Someone said that memories only make more sense if they can be shared with someone.

This book recounts events during my work in Nigeria, Haiti, and Tanzania. It describes professional matters but also the environment in which I worked.

CHILDHOOD MEMORIES

Apparently, there are people who remember the very early years of childhood. I am not one of them. However, it seems to me that certain events from that period had a significant impact on my later life.
My earliest memories relate to my stay in Szklarska Poreba, where the post-war wandering threw us. After escaping from what is now Lithuania with my father, mother, and brother, we lived in Dabrowa Gornicza, then moved to Szklarska Poreba. I remember our nice house, a sloping meadow, and a small mountain stream at its end. Further on was the beginning of a beech forest, where we collected nuts. From time to time I ventured there to visit an old, lonely German man living next door, who by some miracle had survived the turmoil of war. I remember that he showed me a lot of sympathy and gifted me with toys

It's true that the most easily remembered things are extraordinary and particularly exciting. Physiologists say that this is related to the increased secretion of the stress hormone adrenaline. Well, what stuck in my memory from those days was a furious ride, with Dad and my brother, bobsledding tied to a truck, which ended in a capsize in the center of the city, to the great indignation of passersby at the sight of such an escapade with children. The second memorable event

was to ride on an open truck platform along a winding mountain road to see any of the stages, probably the first after the war, of the Tour of Poland. I remember that the riders had spare inner tubes put crosswise on their shoulders, and the rims of their wheels were wooden. Today it seems all too unbelievable to me, and I have my doubts that my memory has not failed me.

It is difficult to remember one's entire childhood. Random, seemingly random events remain in the memory and a kind of mosaic of unrelated stories is formed.

During my childhood, I was very interested in technical matters. I was puzzled, for example, what is there in a radio that it can make sounds? To that end, I dissected Grandma's non-functioning radio, an old Telefunken. The tubes surrounded by a glass bubble did not cause much excitement, because even without breaking the glass we could see exactly what was inside. For that, various coils of copper wire were taken apart with the greatest satisfaction, because it could be used for so many things! Capacitors, made of alternately wound insulation and thin tinfoil, were mysterious! I can't say I understood how it all worked, but at least I had a sense of knowing what was inside.

Speaking of radios, I managed to buy my first interesting copy in Lubartow, to which we moved just after the post-war migration. I still remember that store, which was supposed to supply farmers, but hid countless treasures, if only such as my crystal radio bought there. Few people today know what such a device was, even in retrospect it seems to me to be something special. It was enclosed in an ebonite box, measuring about 20x30x20cm, with a large dial centrally located on top. Next to the knob was a glass tube with a small manipulator that, with a twisted coil of wire, touched a gray pill-like crystal stuck inside. Attached to this was a 40-meter antenna made of solid, braided copper wire and a second wire for grounding. There was also an outlet for the attached headphones. The radio had no external power source, and yet, with all the components properly connected and the crystal tuned with the keypad, one could hear the Warsaw I radio station 150 kilometers away. Surprisingly, the faint current reaching the headphones came from the captured electromagnetic wave of the distant radio station, without the involvement of any other energy source. Unheard of, but that's what it was, I listened to it myself!

In small, outlying Lubartow, the main source of local information from the magistrate's office was pre

in the center of the city. Few had a radio, and news from the world was broadcast through a large speaker on a pole, standing in the central square and connected to the town's radio station. To my surprise, I discovered that in many houses in old Lubartow, there were outlets to which the speaker could be plugged in and listen to the same program. My colleagues and I managed to construct a speaker from a bobbin on which an insulated wire was wound, and a nail was stuck inside, connected to a speaker cone made of cardboard. This revolutionary device connected to the aforementioned socket produced a quiet sound, coming from the radio. What a success it was!

The passion for learning about the world of physics and chemistry around us never left us. We tried electroplating old coins with silver from a pre-war silver coin dipped in a salt solution. We did not have a source of direct current or a transformer. The power source was two wires connected to a power outlet in the wall - one had a light bulb connected in series, which surprisingly reduced the dangerous voltage. During these tests, bubbles of gas came out of the salted water, and after

prolonged exposure, the headache began. I suspect that it must have been chlorine, after the decomposition of sodium chloride in our solution. Fortunately, with these rather dangerous attempts

No one was ever hurt, but the galvanizing effect was poor.

Another accomplishment was releasing balloons filled with hydrogen with a note attached, on which was a request to the finder to inform us of the place of his discovery. There were no such balloons or hydrogen in the town, everything had to be obtained on one's own. We found the idea of how to get hydrogen in home chemistry books - you had to have hydrochloric acid and zinc for this. The acid was supplied to us in a bottle by a colleague (incidentally, later a well-known doctor) from a neighboring dairy to which he had some access. The zinc was worse, but we remembered that the roof sheet was covered with it. It had to be cut into strips with Mom's scissors so that they could be slipped through the neck into the bottle. After that, the only thing left was the balloon itself. We knew that RUCH kiosks sold condoms that might have been suitable for this. We were embarrassed to buy them ourselves, but we found a slightly older colleague who saved us the trouble. Then all that was left was to stretch the condom over the neck of the bottle and watch it fill with gas. After inflating it this way, we let it go from the highest point on the roof

of the old hospital. To our misfortune, a neighbor saw us and reported it to Mom, not failing to inform her what the balloon was. A reprimand awaited us for

Dangerous climbing on a steep roof, destruction of scissors, but all in all not so scary.

Like all boys of that age, we were passionate about bang-inducing explosions. Among the simplest was a device consisting of a key, with a nail stuck inside, into which a scraped mass from a match head had to be inserted beforehand. The key and the nail were connected by a string. One hand held the string and the other held the key, which hit the wall as a result of the momentum. This caused the ignition of the mass from the match and a pretty decent bang. A higher category was the firing of a can containing a lump of carbide, which was spit on, and after a while acetylene began to be emitted. It was necessary to close the can with the lid and put a lit match through the hole. The sound effect was powerful. The highest achievement was a device with the effect of a small mine. Most suitable for this were powder-filled cartridges dug up somewhere after the war. After removing the bullet, a two-wire cable had to be inserted into the hole, the ends of which were connected by a thin wire. This type of device was buried in a chosen place, most preferably near a bench where people were sitting. Then all we had to do was insert the plug at the other end

of the cable into an outlet. The effect was so electrifying that everyone fell off the bench, probably more from fear than from the blast of the explosion. I must point out here that I do not recommend this type of "fun" to the younger generation.

Using available literature, we produced gunpowder. For this we used sulfur obtained from a local pharmacy and saltpeter for curing meat. The only problem was with charcoal, but we replaced it with sugar. This was our fuel for small rockets, which, unfortunately without much success, we tried to launch.

This is only a small part of our accomplishments in our youth. The situation forced us to be creative and this gave the greatest satisfaction.

Today, when I observe children draped in piles of colorful plastic toys that don't entertain them at all, or the older ones pressing computer game manipulators to the point of collapse, I would like to say to them, "I feel sorry for you, you don't know what you've lost."

When I recall my childhood, I can say that we were led by an overwhelming desire to learn about the world. This included the technical matters that surrounded us and that we tried to learn about as well as a longing for what was "beyond the horizon." We had very modest means, but we were active and where we lacked means we made up for it with invention. From our early teens, we spent

our free moments with friends on bicycles. We would venture out on longer trips, even 100 kilometers long, which allowed us to see what was beyond the city limits and county. In summer, of course, we were attracted to water. Lubartow is located on the nicely named Wieprz River flowing quite briskly among meadows through meanders with densely overgrown banks. We dreamed of rafting. At that time canoes were not easy to come by, and their price was beyond our means. We managed to buy a locally built, unfortunately quite heavy, boat for a small amount of money. It was taken by wagon to the backyard of one of us, and we worked hard all winter to get it in working order. Unfortunately, our plans were never realized and, to tell the truth, to this day I can't remember what the reason was.

Behind the river was a small, but deep lake, with clear, nenuphar-scented water. It was an ideal place for summer bathing. One day I decided to try diving there with a mask. At that time it was not possible to go to the store and buy the necessary equipment, so you had to construct it yourself. This was done using a gas mask from the war demobilization, suitably adapted to the new tasks. The pipe from the gas filter was used to supply air from above the water table. I must admit that the immersion itself was successful and there was even something to see. Unfortunately, the seal was insufficient and water began to fill the mask, forcing me to surface immediately. Only then did the real problems

begin, because the mask was secured on the head with several tightly fastened rubber straps and it was not removable. In the end it was supposed to protect from the combat gas! Fortunately, after a brief struggle with it, everything ended happily and I did not drown inside the mask. As a child I was an avid philatelist and to this day I remember the beautiful oblong stamps with the inscription Kenya Uganda Tanganyika. It's quite a long name and I guess that's why they were oblong. They were issued when Britain ruled East Africa. Could I have guessed then that I would spend such a significant part of my life there. Going back to philately, I must say that it was a very informative hobby. One learned the names of exotic countries, which sometimes later changed, such as the West African Dahomey to Benin. Incidentally, my most exotic stamp came from this very country. What I didn't expect then was that one day I would briefly find myself in its territory, mistakenly crossing its borders with Nigeria. Who has heard of the country of Tuva, between Mongolia and Russia, having beautiful stamps of all sorts of geometric shapes, such as rhombus, trapezoid, or hexagon - a country that no longer exists. Who may know that the stamps of Memel, are those of Klaipeda. A prize for whoever knows what Ifni was? (I'll hint: it is now part of Morocco, once considered an independent territory). And finally: who knows what the world's most expensive stamp is? This is one of the stamps

Island of Mauritius, located not far from me. Unfortunately, I was not given the opportunity to own it.

These few stories from my early childhood spent in a small town in southeastern Poland show that we were characterized by curiosity about the world and that it was possible to be active even with modest means. I think that these small episodes somehow influenced my later life.

I would be sinning of ingratitude if I didn't mention the role that our Grandmother played in my and my brother's upbringing. She loved us very much, but at the same time she did not spoil us. Her extraordinary role was to read aloud to us many books. Even then, when we couldn't read ourselves, we learned most of Kraszewski's history books, the entire Sienkiewicz trilogy, the Deluge and Quo Vadis, as well as many others. I'll never forget that image, when Grandma was reading, leaning over the book with her glasses on, and my brother and I sat listening... And suddenly the door opened, in which Dad appeared, throwing jokingly: "Oho, the razor is already working."

WAY BACK THEN

It took me a long time to figure out how to title this chapter: maybe "The Puppy Years," because we were bursting with energy but lacked sanity, or maybe "That's how it was," because looking from today's point of view, some events seem improbable, although they really happened.

When, after completing my long and busy studies, I managed to obtain, lasting two years at the time, a so-called postgraduate clinical internship at the Clinical Hospital in Lublin, it seemed to me that I had caught God by the feet. Those were the days of the Cold War, when both political blocs were preparing for conflict. The result was military classes for medical students. One day of the week was devoted to

Only military affairs. On that day we wore military uniforms and went to classes, which were held at the Military College. They were conducted partly by military doctors and partly by non-medical army officers. For the last two years of study, many hours were devoted every week. These classes were mainly in the form of lectures, but occasionally had a practical character, including, among other things, shooting with various weapons.

We took it with a pinch of salt. No one really believed that there would be a real conflict, and that all the knowledge would prove useful for something. That's why our interest in the classes was scarce, and we only thought how to "get through" this time.

There were a whole collection of jokes circulating among us about army officers tiring of us, who often used specific language that provoked jokes. Among the classic examples of such language from an officer who tried to show that he was no stranger to foreign phrases was "Kowalski pick up that paper by the way of the door."

Near the Military College was a movie theater, and sometimes, instead of attending the first hours of classes, we managed to sneak out for a morning movie. One time, returning from the movie, we saw an officer walking toward us. We managed to sneak into the hallway, but one of us was caught and gave away the names of the

All the others. This ended with a punishment in the form of boot cleaning for the entire company.

The period of theoretical classes at the Military College ended with a two-month military camp in real garrison conditions. We were assigned to Kolobrzeg, together with a group of students from Warsaw and Cracow. The train ride itself was already held in an uplifting mood. This was fostered by the alcohol sipped along the way, which was meant to allude to the traditional travel of conscripts at the time. The intensive haircut or even shaving of heads before checking into camp served the additional function of evaporating alcohol more easily from them. Finally the doors of the real big barracks, probably from the post-German era built of red clinker, closed behind us. Again the lectures and various practical activities began.

On one occasion we were taken to the woods together with students from Warsaw and Cracow. We were all armed with Kalashnikovs, which were not allowed to be lost under any circumstances. Unfortunately, this happened to me. It started when we were told to leave our weapons in one of the armored vehicles. When we returned to the site after the exercise, we found that my Kalashnikov was gone. I don't need to describe my horror. Fortunately, after a long investigation, I managed to find a group of students who had my carbine. Somehow I remembered its number. If I hadn't, I would have been expelled from the camp and a dangerous investigation would have awaited me.

The camp ended with an exam. After the camp I was facing a trip to a foreign student internship. If I failed it, my internship would be forfeited, not to mention that I would have to repeat the camp the next year. I knew for sure that my military knowledge would not be enough. In view of this, I decided to devise a system that would allow me to pass the exam, and at the same time benefit everyone else.

We obtained a list of questions from our officers, covering practically all the material. They were divided among dozens of students, who wrote the answer to each question in maquette. The student leaving the room would give the question number to the incoming student,

and the latter would instantly obtain it, along with the answer, from the helper standing at the door and

handed to the person preparing to answer. Without going into technical details, the system worked and, to the examiners' surprise, we all passed with perfect marks.

I must now return to the beginning of this chapter. When I passed the final exams in the so-called clinical subjects and graduated (I should add, as an aside, with quite good results), I received rather unexpected job offers from a couple of clinics. One such offer came from an orthopedics department. Wanting to continue the family tradition and, as I thought at the time, choosing the right direction, I thought only of general surgery. Bad luck that the head of orthopedics was the pro-rector, who chaired the committee that qualified interns and young assistants for a year in the army. Not surprisingly, by not accepting his offer I found myself on the conscription list. It cost me a lot to get out of it. The price was high - I had to move out of the teaching hospital and, in practice, break away from a pretty good path to a future research career.

I will never forget the situation when, after qualifying for the army, we sat with my good friend in the Lublinianka cafe, and he almost cried complaining about his fate. He already had a pre-planned academic career, which his stay in the army was going to completely ruin. Eventually, through numerous forays, he managed to

weasel his way out of this obligation. After some time, he became a professor and later rector of this university for two terms. Sometimes I get the impression that there are people who have a definite path in life from the beginning and, provided they have the right intelligence and perseverance, manage to follow it.

Speaking of this colleague, I have to mention one more thing. During my internship, I used to go to the University Hospital by bus. I noticed that the same trip was made every day by an attractive girl. We started a conversation and she told me that she was going to the hospital to attend a course for laboratory technicians. After some time, she joined our circle of friends. Initially, we "assigned" her to our colleague, who somehow was unable to get a partner on his own for joint meetings. What was my surprise when, going to one of them, my colleague, overwhelmed by the passion of making a career, declared that he would be the one to accompany her. It ended with a wedding, at which I became his witness and later, after the birth of his son, his godfather.

HOW IT HAPPENED

In the late 1970s, I lived like most of us with the feeling that the world on that side of the Iron Curtain was more interesting and attractive.

Although our reality at the time seemed gray compared to that world, there was that optimistic element that was our youth.

We know very well that this period is characterized by an extraordinary freshness of outlook and feelings, and the intense sensations of that time remain indelible throughout life. Political events fade into oblivion, and what remains is the real life that was going on around us, our relatives and friends.

I was fortunate that thanks to my activities in the Union of Polish Students, the popular ZSP, and good results in my studies, I was able to go to the West twice. Once in 1968 for a student summer internship at a hospital in England. The second time, I ended up on a so-called student exchange, which also took place in the Islands. I was fully aware that my experience on these trips was something unique, for at that time only a few people managed to do so. Sufficient proof was the garland of friends and acquaintances upon my return, who listened with bated breath to my stories and every now and then asked the question - how is it there?

Interestingly, at that time, the time of the Cold War, when Poland was, after the USSR, the most important partner of the Eastern Bloc and at the same time the "antagonist" of the Western world, we were perceived differently there than today. On the one hand, we were perceived as a potential threat and in some places we inspired fear. On the other hand, in one-on-one meetings with people from outside the Iron Curtain, we were seen as an exotic and intriguing case.

They were aware of our incapacitation, not only in political matters. No one expected that we would one day gain independence.

Now only the older generation remembers this, but really few believed that a significant change could occur, and so we assumed that we would live under these circumstances for all time.

As you know, then something completely unexpected happened, we gained the ability to decide for ourselves.

The heavy doors of the Iron Curtain first swung open a little, only to have the whole curtain collapse later to the accompaniment of the falling Berlin Wall.

My foreign adventures began early, in 1977, when the regime was still in place. In the meantime, I moved to Bydgoszcz, where the traditional Physician's Balls, held during the carnival at the then best restaurant Pod Orłem, were triumphant. They were arranged by a group of

enthusiastic doctors, who created the program and cabaret performances themselves. The heroes of the recital

we were ourselves and all the local events. What a food, drink and atmosphere it was!

Well, at one such ball, my doctor friend introduced me to her colleague, who told me about his work on behalf of Polservis in Libya. This was unusual for the time and immediately gained my interest. Using the information I received, I decided to consult the language. At the time, one of Polserwis' biggest contractors was Gaddafi's Libya.

I had an interview with a Libyan at Polserwis in Warsaw at 5 Szpitalna Street, after which I expected a concrete proposal. Nothing happened for a long time, until finally the question came whether I would be interested in working in Norway. To this day I don't know if there was a slip of the clerk's tongue, but it later turned out that it was actually about Nigeria.

I didn't know much about the country and even less about working in the tropics, but nevertheless I decided to go.

In the meantime, I passed the second level exam in surgery at the Bielany Medical Training Center in Warsaw. I also had to declare to the not very happy head

of the surgical department, whose deputy I had become, that I had decided to take this rather unusual step. Among the phenomena of that period was the fact that temporary work in Polserwis abroad was considered a an extension of work in the country and offered a guarantee to return to the same position.

In the short time before I left, I tried to learn more about Nigeria. Unfortunately, I did not find many sources. I read about working in the tropics in a small booklet that gave very basic information. Knowledge of the tropical diseases awaiting me was to come only with practice. When I compare this with the months of preparation of my colleagues from other countries, I am aware that I set out as a complete novice.

Formalities still awaited me in Polserwis at the memorable 5 Szpitalna Street from where sailors, captains, engineers and other amateur adventurers were setting out into the great world.

Once I found myself in a room where the case of transporting the corpse of a certain unfortunate from Africa was being handled. I took the opportunity to ask the clerk if she often deals with similar cases. She replied that she did. Interested, I asked what, in her experience, is the most common cause of death of Poles in Africa. Of course, I expected her to answer: tropical diseases. To my surprise, she said that they are car accidents. I make no secret of the fact that this brought me some relief.

I underwent a couple of vaccinations, the most important of which was against yellow fever. At the time, the disease was almost eliminated thanks to vaccinations. As I later learned, before the introduction of vaccinations, it decimated whites who came to Nigeria on par with malaria. Lagos, where they landed, became known as the graveyard of whites because of it.

I learned on Polserwis that I was going to a missionary hospital founded by Irish nuns in Nigeria's second largest city, Ibadan. The hospital was called Oluyoro Catholic Hospital, and the mission that founded it was called Our Lady of Apostles. A couple of Polish doctors worked there at the time. Nigeria, with its large population, was suffering from a shortage of health professionals at the time, so doctors from other countries were welcome.

I was sometimes asked why I decided to leave, when I had managed to get almost everything on my career path: a specialty in surgery, a position as deputy chief in a reputable city hospital, and built good relationships in the workplace.

My first boss "fell" in office at the age of 51. Our work was well-respected in the city. I was 34 years old and came to the conclusion that nothing would change in my professional life anymore, other than

increasing number of appendectomies and cholecystectomies performed. Real scientific work under those conditions was unlikely to be counted on. A decision had to be made: either continue what I already knew well for the rest of my life, or take the opportunity to try something else. I chose the latter.

The trip to Africa encouraged many doctors from Bydgoszcz to follow in my footsteps in the following years. One surgeon friend, along with his dentist wife, went to Morocco and later moved to the Albert Schweitzer Hospital in Gabon. Three medical couples from Bydgoszcz worked at the hospital in Gabon in the following years. Another close friend, a gynecologist, left for two years, to Morocco. Then there were more "adventurers."

AFRICAN FEVER

It was in the spring of 1978. A week after passing the specialty exam in general surgery at the Center for the Improvement of Medical Personnel in Warsaw, I was sitting on an airplane after bidding farewell to my colleagues from my hospital in Bydgoszcz, together with an adventurous travel companion, a doctor from Warsaw.

My colleagues gave me this memorable badge for the journey.

Fate had led us to a distant, unknown and stirring Nigeria. After a night flight over the Sahara, which turned out to be extremely spectacular, as darkness every few

seconds were brightened by countless flashes of lightning, at dawn we approached Lagos. The plane broke through three layers of clouds and, full of excitement, I saw the greenish-yellow ground and palm trees on it. At that moment I felt my heart beating harder and something squeezing my throat - I was about to land on this mysterious continent. There was a time when it was not easy to travel abroad at all, while a trip involving

the possibility of legal employment in such an exotic place was one of the complete exceptions.

An intense, albeit short, period of preparation for the trip, a sleepless night on the plane and an excess of excitement meant that after stepping off the plane onto the tarmac, I felt that everything around me was swaying. This was, of course, an illusion caused by fatigue. I also felt a whiff of hot air and was firmly convinced that it was coming from the still-running aircraft engine. Only after a while did I realize that it was just a simple breeze. The air was so hot and humid that breathing it in had the sensation of absorbing something tangible like cotton wool. After walking about a hundred meters on the tarmac, the face of my traveling companion, dressed in a suit and carrying a heavy carry-on luggage, became wet and red. We were both breathing hard and both felt like turning back to the air-conditioned plane with all speed.

Our first night was to be spent in Lagos at one of the missions.

The evening passed with social conversations with the missionaries, during which I tried to hotly augment my meager knowledge of the country. For the night I was located in a small room, where the prevailing temperature proved too hot to sleep. After several hours

of trying to fall asleep, I set off for my companion's room to get something to drink - I remembered that there was a large refrigerator. It turned out that he too was in a similar situation, and we both decided to penetrate its interior. Unfortunately, the only liquid we found there was an infused bottle of whiskey. After a short deliberation, we made a decision. Since we can't quench the nagging thirst, at least we'll anesthetize ourselves a bit and then maybe we can take a little nap. A glass of whiskey proved salutary - we greeted the fresh blue morning sleepy, albeit with somewhat sore heads.

What followed was a long journey in a worn-out but comfortable Peugeot 504, through a bush that was intensely green at this time of year, on a red laterite road I had never seen before. The car sped into the unknown, a red cloud of dust rose behind us, and I greedily absorbed the sights of passing villages and picturesque-looking natives walking along the road, and asked myself what

here awaits me. At the time, I never imagined that fate would bind me to this continent for so many years. We arrived in Abeokuta, a large city with a rich history, built up almost entirely with houses made of red-brick clay, covered with roofs of corrugated, rusty sheet metal. The primitive buildings combined with the vastness of the city were quite impressive. If one adds to this the residents dressed in nice colorful costumes, carrying

buckets of water on their heads, bundles of various fruits, and sometimes almost entire portable stores, it made for an overall exotic image. In addition to the visual effects, for a complete picture one should add the smells of unfamiliar kitchen spices wafting from the houses, mingling with the not-so-pleasant odor of burning piles of garbage in the streets and open sewers running along the road. The hustle and bustle of the crowd in the larger streets and near the stalls was accompanied by the sounds of local music from the numerous radios set at full volume. The heat pouring from the blue sky, the smiling faces of passersby, the warm breeze from the open car window are impressions I still remember from my first hours in Africa, although so many years have passed. We finally reached Ibadan and our hospital, which was separated from the bustling city by a solid wall.

NIGERIAN STORIES

I spent two and a half years in Nigeria, which I count among the most intense periods of my life. The Nigerian version of Africa was shocking to me. Streams of money

from the sale of oil allowed for the construction of highways in so much of Europe, as well as a new capital, Abuja, being erected in the middle of the bush. It was said that Nigeria was the largest importer of Mercedes at the time.

On the other hand, I visited a village there, where I don't think a white man had ever been seen, and at the market topless attire didn't bother either vendors or buyers. Local warriors had long swords strapped to them, but instead of riding horses, they rode bicycles. Nigeria was imbued with mystery. It was teeming with local deities and gods who had their own traditional festivals.

For two weeks of the year, a gang prowled the streets of Ibadan, led by a gruesome-looking individual wearing a mask and disguise symbolizing the god Ololu. It was widely believed that when a woman looked at him, she would die instantly. A newly built house could only be happy if a human skull was buried under every corner of it. Every week I read in the local newspapers that the corpses of young girls, usually schoolgirls returning from school, had been found with their breasts or other organs cut out for ritual purposes. I myself have twice rubbed myself to death. Once, when driving through town at night, I nearly got shot by a bunch of policemen. Another time, when I harmlessly hit a woman on the street, who almost jumped under my wheels. I was immediately

Surrounded by an aggressive crowd that tried to pull me out of the car. I managed to block the door in time. I was very lucky, because after a while a man who appeared to be a local leader appeared. He asked me about the incident, looked at the woman, who was uninjured, and let me drive away, much to the displeasure of the crowd. These types of events in Nigeria and almost all of Africa are very dangerous. If someone points to a person and shouts "thief," the surrounding people will rush at him. After a while, new ones will join in, who may not even know the reason for the self-righteousness. Unless a police officer appears, the person will be killed on the spot. If you hit someone on the road, you can't wait, but should immediately pack the victim into the car, informing any witnesses that he requires immediate transport to the hospital. If this is not done, anything is possible, including killing the perpetrator of the accident and burning the car. In addition, the action of state authorities could not be counted on. To this day, I still hear from the media that the police in Nigeria are performing dismally. People widely believe that if they don't pay, they can't expect fair and just treatment. Among the "perks" of the Nigerian police is the extortion of bribes. In its mildest form, a policeman stops a car for inspection, then asks the question "what do you have for me?". During my stay, a famous case of

was to drive prisoners locked in a truck for a few hours around Lagos. When the doors were opened, everyone was dead because of the high temperature and insufficient oxygen. The functioning of this state is somewhat described in the following story: one day I received an old black and white TV from someone. One day after turning it on, I found that something was wrong. The picture was broadcast upside down and, in order to watch it, the TV had to be turned 180 degrees. Only after a while did the station realize the minor faux pas and the picture returned to normal... Nigeria was a country to be savored, especially since it was served as an appetizer before the other African dishes I was later to taste. Such was the case for me. Unprepared properly, thrown at the mercy of an unfamiliar country, with all the attributes of the steamy tropics and its attractions, I felt initially shocked and a little scared by it all. I felt that I was entering a core of darkness. It was really that black Africa. Then I became more and more accustomed to it, but to tell the truth, I never felt fully relaxed and safe. But one step at a time... From the life of a doctor The work of a surgeon provides an enormous number of unforgettable experiences. I experienced many while I was still in Poland, but later, when I decided to move around the world, to exotic countries, interesting and dramatic events did not leave me.

There was already a group of Poles waiting for me at Oluyoro Catholic Hospital - an elderly couple from Gdansk, both gynecologists. They did not hide their joy at the sight of me. On the very first day they declared that they could finally go to the city together, which they eagerly did. Another gynecologist was not there at the time. Bad luck that one of the patients had a severe postpartum hemorrhage. I rapidly recalled the principles of management in such a case and began to implement them. We started transfusing available intravenous fluids and, of course, blood, which, as we later counted, was 8 half-liter bottles. I immediately set about inspecting and lysing the cavity of the

uterus. Nevertheless, blood was pouring in streams. We started tamponing the uterine cavity and applying pressure from the outside. At times it seemed that the bleeding stopped, but this proved illusory. The patient was in a state of hemorrhagic shock. To increase the pressure, we only had epinephrine, which we administered intravenously with IV fluids. After some time, I made the decision to remove the uterus. Looking at it from the perspective of obstetric knowledge, it should have been done earlier. Throughout that whole nightmarish night, I had only a nurse to help me, who, I remember it to this day, came from Malta and bravely helped me until the white dawn. The patient survived this dramatic struggle, and I avoided the death of the patient during my first night in that hospital. Before I proceed with further stories, however, I must explain the circumstances, unusual for today's times. It was the early 1980s. Nigeria, an oil-rich country, was suffering from a shortage of doctors and employed many foreigners, including Poles. Health services for the wider population were maintained by mission hospitals. Shortages of qualified personnel, medicines and equipment were the order of the day. The situation required constant improvisation from those who worked there. As unbelievable as it sounds, I was sometimes forced to perform anesthesia and then operate on the same patient. I operated with a nurse who was

an instrument attendant and assistant in one person. Sometimes it happened that there was no one at the head of the anesthetized patient, which forced me to constantly monitor the surgical field and the patient's vital functions - respiration and circulation. There was not much of a problem with this if the patient was in good general condition and the operation was simple and short. However, when either of these conditions failed, the situation could change dramatically. The inefficiency of the national health service forced me to perform surgeries at my mission hospital, which, under those conditions, carried significant risks. One of them was an operation due to a narrowing of the lower esophagus, causing it to expand excessively in the upper part. I used general anesthesia without muscle relaxation. This made the surgery very difficult for me, but the patient was able to breathe on his own. After a rather long operation, I went to the pre-operative room from which the patient could be observed. Suddenly I noticed that the patient had stopped breathing. I threw myself into resuscitation as quickly as possible - fortunately, there was a preserved heartbeat. For some reason, the Ambu apparatus for artificial respiration was not at hand. I placed a napkin over the patient's mouth, blocking his nose, and conducted mouth-to-mouth breathing for a long time. Fortunately, after some time he started breathing and regained consciousness. Unfortunately, he did not everything always ended so happily. In the same

room, I was getting ready to perform a typical cesarean section. I administered epidural anesthesia and then proceeded with the operation. Suddenly there was a drop in blood pressure and shock. Despite intensive resuscitation, it was not possible to restore vital functions. I immediately cut the shells and uterus, and extracted the live fetus. Brrr! Fortunately, this happened to me only once. There were no air conditioners in the hospital and, worst of all, there were none in the operating room either. Consequently, I operated with the windows wide open and the breeze of a small fan. Once, during a major open abdominal operation, a bird flew into the operating room. It circled the operating table three times and flew away. The worst came next. Seeing this unusual occurrence, I joked that it was most likely the soul of this patient that had just flown out of the body and was fleeing. What followed took me completely by surprise. The entire staff rushed to escape, overturning the instrument table and leaving me alone with an unconscious patient with an open abdomen. It took a long time before we were able to restore order and continue the operation, fortunately without medical complications.

Often during the operation the lights went out and since there was no emergency generator at night we used flashlights. It was worse during the day, when the bright sun shone from the windows and the flashlight could not

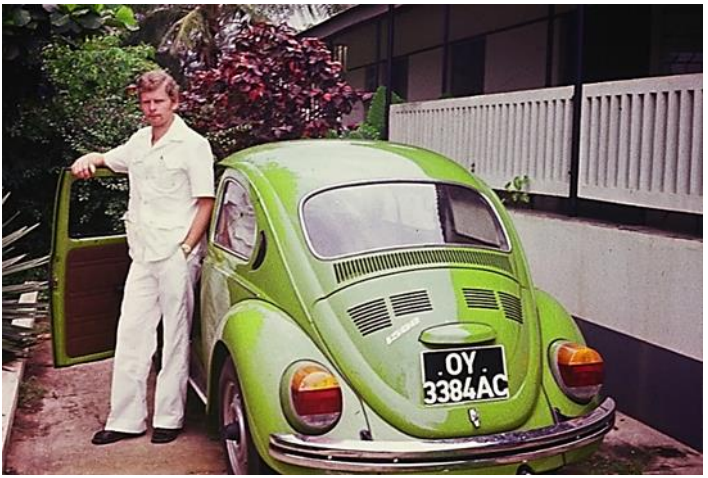
compete with sunlight, then the inside of the abdomen appeared as a dark cavity It once happened that in such a situation we directed the light of the sun with a large mirror to the surgical wound. Unlikely though true.

The surgical patient room was long, with standing beds on either side, on which many post-operative patients lay, some of them with IVs. On one side were large windows, made of oblong pieces that could be turned and opened, known as louvel glasses. One day, while entering the hall from the corridor, I heard a loud and strange sound, reminiscent of a ship's siren. Soon, one of my assistants appeared before my eyes, struggling with the large cylinder of an oxygen cylinder, which he was trying to turn off to stop the oxygen coming out with a menacing sound. He was unsuccessful, in view of which, terrified by the whole situation and the roar of the escaping gas - he threw the cylinder to the ground and ran away. We were all lucky that the cylinder did not explode. The patients, seeing what was happening, like one man, rushed off their beds ripping off the drips and jumped out of the windows. Fortunately, the elongated sections of the windows were easy to break, and the room was located on the first floor. As a result, no one was significantly injured. One of my last patients was a young and generally good-looking woman with terrible ulcerations on her lower legs. I was very

surprised, because this is an unusual condition, especially in patients her age. She looked at me with a smile and asked if I remembered her. At first I replied that I didn't, but when she started talking about herself, I realized that this was the same patient we had "pulled by the legs" from that world on the first night of my stay. It was on her legs that we were able to observe the side effects of epinephrine, which, by contracting the vessels, increased blood pressure, while when it got outside the blood vessel, it caused ischemia and necrosis of the surrounding tissue, resulting in ulceration. Fortunately, such ulcerations can be effectively treated.

Travel: Not every day, however, was spent in the operating room. Our free moments were filled with travel. Traveling around Nigeria was extremely exciting. Only a car was involved. True, Nigeria had acquired a few highways, but most of the roads were in poor condition. It was said that the country at the time of its oil boom was for a time the largest importer of Mercedes. I once saw a funny scene when a goat was attempted to be loaded into the trunk of a new model of this car. Nigeria assembled Volkswagens, the so-called hunchbacks, whose parts were imported from Brazil. Although in Europe and America for a long time the car was considered a cult, for me, who was forced to drive it

after Nigeria on a daily basis, it was the least suitable car for use in the tropics. Small and cramped, with bad ventilation - not to mention several other drawbacks. My first Beetle, which I bought thanks to a loan from the hospital, was stolen after 2 months.



One of the most frequent destinations was Lagos. From Ibadan to the country's capital, 130 kilometers away, the German company Strabag built an impressive highway. Even when it wasn't officially open, everyone tried to get on it to cut down on driving time. The police tried to prevent this by setting up so-called checkpoints - several barrels preventing passage on either side, and a board in the middle, with nails sticking out and a string attached to one side, held by a policeman. When

another candidate arrived, negotiations took place and, if they ended positively, the board was removed. Sometimes the more aggressive drivers tried to get around the obstacle without paying. In response, the police shot at their tires. Further travel between cities was rather emotionless, except that some 40 km from Ibadan there was a corpse lying in the grass by the side of the road, which no one removed. First it was a corpse, and then bones covered with remnants of clothing. Speaking of corpses lying in the street, there were others lying on the opposite side of town, near the turnpike. They looked different, however, and were very bloated from the gas that had collected inside. Lagos could be reached via the old road through Abeokuta. As I mentioned, it was a sprawling city, built mostly of clay houses. On the journey to Lagos, the real problems began as we approached the city. Traffic on the two-lane highway would die down and we often had to stand on it, waiting for salvation. Sometimes, after waiting for two hours, we decided to return to Ibadan. While advancing towards the city, we were often faced with attractions. Every once in a while we had to stop and then move on. Suddenly we found that the car could not start. Immediately, helpful helpers appeared and offered a good mechanic. The mechanic made a diagnosis, it turned out that some extremely important and expensive engine part was needed, which after a while

brought. Many were fooled by it, until it turned out that the cause of the car's immobilization was the clogging of the exhaust pipe with a potato by helpful helpers. Removing it at the right time had a salutary effect. It happened that motorcyclists appeared on the road pointing to the rear wheel of the vehicle, suggesting that it was airless. Stopping threatened to steal all the moving objects inside the car. The gamut of ideas was wide, but after a while one knew how to react to them.However, not everything was easy, for example, when a convoy of police cars appeared on a highway strip that was clogged to the limit, paving the way by literally kicking passing vehicles. Once, driving on a large bridge, I saw that all the cars were eagerly avoiding something. It turned out to be just a hole, with a span (bagatelle!) of 5 by 3 meters, and below it, 20 meters down, the glistening water of the bay. On our days off, we used to go to a wild beach near the Benin border. One time I didn't notice that the next check point on the highway was a border post and drove through it without stopping. Good thing they didn't shoot me. It was at these points that Richard Kapuscinski's adventures on the way from Benin to Nigeria took place. Once, together with friends, we decided to go on a longer trip around Nigeria in three cars. It is known

was that in this country such a trip would have to be full of shocking events and unforeseen attractions. It started when we were overtaken by a speeding Peugeot 504, of which there were plenty at the time, as they were manufactured in Nigeria, in Kaduna. A few kilometers away we saw it literally cut in half by another car that was coming from the opposite direction, and many scattered body parts of the passengers.

We spent the night in a village whose notable resident had built himself an impressive mausoleum while he was still alive, with a luxurious coffin prepared inside. The village was building a large pool with hot water that flowed from a natural spring. We spent a fantastic night there, surrounded by standing

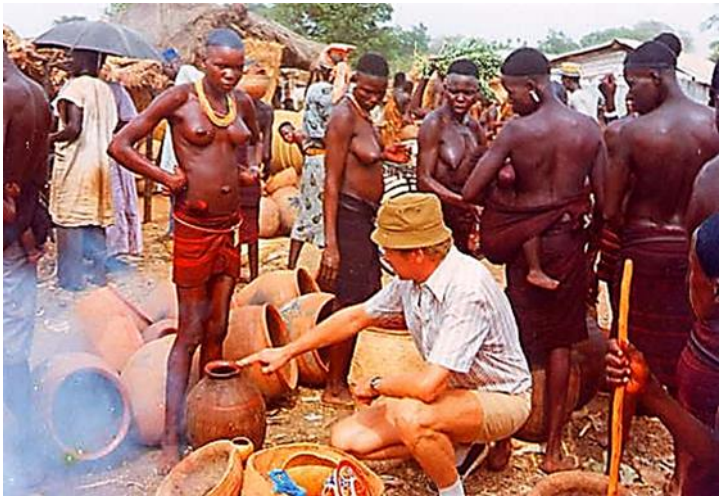
on the edge of the pool with beer bottles and candles. The scenery of this unusual night, and it was just Easter, was complemented by the thunder and lightning of a thunderstorm that hovered over our heads. In yet another place we encountered a giant baobab tree, in whose large hollow an authentic hermit lived. After passing the large city of Kaduna, located in the central part of the country, we headed north. At a certain point, where a large semicircular rock stood, we had to turn to the newly-built capital city of Abuja. At that time it was one big construction field, surrounded by a garland of newly established villages for the workers who worked there. This was the north of Nigeria. The northeast of the country was equally interesting. I traveled there through the city of Jos and Bauchi to remote Maiduguri, near Lake Chad. These are areas inhabited by a large Muslim Hausa tribe. Today the area has a terrible reputation due to the activities of the Boko Haram movement, which kidnaps girls from schools. We were then received in Maiduguri by a hospitable Polish gynecologist. From there we set off for the mountains on the border with Cameroon, where white gorillas are said to be found. The road led along serpentines, and the climb by car was downright impressive. At the top we were received truly royally by the delighted staff of the hostel, who were clearly missing visitors. On the way there was a visit to the

One of the national parks - Yankari - whose main attraction was an amazing hot river flowing out of a large cave in the rock.

The full satisfaction was disturbed only by a herd of baboons, which perched by the road going down to the river and robbed tourists of anything they could, including purses with documents. They were so bold that they were able to snatch a purse right out of a walking woman's hand. They lurked in stopping cars and after opening the door a jumped inside, stealing whatever they could find.

They could be aggressive. I had a patient in the hospital bitten by a baboon. The full-body wounds looked terrible, partially bitten off large pieces of skin with muscles.

Also very interesting were the trips in the central part of the country, along the Kainji Lake and Dam, to the land of the original Kamberi tribe, one of the few that do not cover their nakedness. I once fell into the hands of a book describing this unusual tribe, some of whose customs are reminiscent of the ancient past, and it was that reading that prompted our trek. On the road one could see men on bicycles, with swords attached, long to the ground - they looked like knights on horseback.



In parts of the market, young women could be seen half-naked, giving the impression that they were merchandise, although some of them were probably vendors and some were merchants. All of them behaved in a friendly manner, although one should not be too

demonstratively take pictures. To reach them, one had to pass the villages of the Fulani tribe, famous for its beautiful women. It is said that English colonists were particularly fond of them. I looked at their beauty and confirm this opinion. In addition, almost all young Fulani women were adorned with necklaces of semi-precious stones, probably opals. We caused a sensation there - the local Kamberi people acted as if they had never seen a white one. During one such trip we met a jujube. It is an African black magic, which is believed by almost everyone there. While hiking by car north of Ibadan, we came upon an abandoned, well-preserved village nestled in the hills of semicircular rocks. No one knew why it had been abandoned, but the lack of water was probably the reason. While exploring, at one point we hit something like a gate made of long sticks.

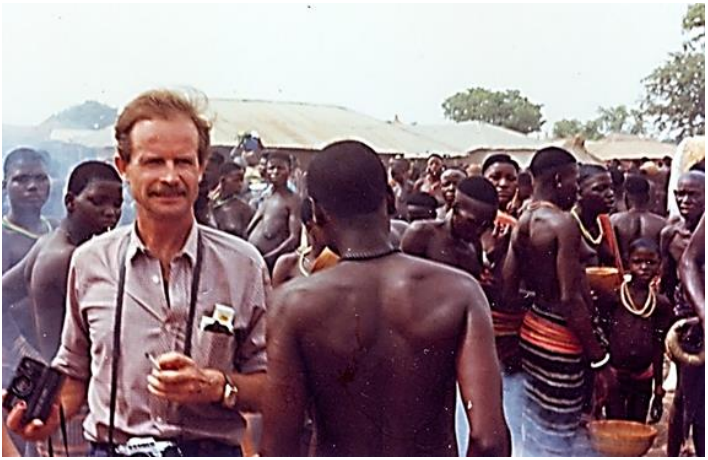
The local guide accompanying us informed us that it was a jujube gate and whoever passed through it could die. We looked at this harmless-looking structure making jokes, but somehow no one felt like going through it. After a while, my friend's dog ran through the gate. We returned home the same day. After a couple of hours, the dog's owner showed up, carrying the dog in his arms and asking for help because the dog was just dying. I answered him truthfully that unfortunately I don't know anything about dogs and advised him to go to the vet. It was only then that my friend told me the story that the dog had eaten a neighbor's hen after a long trip, and that the neighbor had probably tossed poison to it in retaliation. We then recalled that the dog was the only living thing that had run across the

ju ju gate. Polonia The only respite in this hellhole was the old post-colonial Recreation Club, located in the center of town, already mentioned. It had several sports facilities, tennis courts, a large swimming pool, golf and even polo areas. There was also a Lebanese restaurant, sports equipment stores and children's areas. We would go there right after work and return in the evening, physically and mentally rested. I remember an acquaintance who, after a game of tennis, sitting in a comfortable armchair and sipping a Gulder beer, declared that he was changing his plans and was not going to Poland in two weeks, as he had previously planned. First of all, the climate doesn't suit him, and secondly, the regime in Poland. That world seemed so distant from the Polish reality at the time. It was this friend, an engineer from Warsaw, who got me into the tennis section (or rather sect). We played every day. From time to time we held tournaments, and tennis in this different world for us was treated almost like a religion. Nigeria abounded with all sorts of chilling stories that were the order of the day there. We exchanged them at the Recreation Club. I won't make a big mistake if I say that almost none of my acquaintances saved themselves from contact with gangsters of one kind or another. One day we met a Polish family in the club that we knew was going to the country. First

the wife approached and spoke to us with a pronounced hoarseness, then the husband joined in, with even more, and finally the daughter, with the same symptoms. We asked if they had all been infected with something. They replied that they were not, and that the trouble with their voices was because they had been crying out for help all night because a group of gangsters had broken into their house. The father told his teenage daughter to get under the bed, while he himself tried to hold the door, but those guys were stronger. A similar incident occurred when we were visited by new acquaintances - he an Austrian, working for a large Strabag company, and his Polish wife. We spent a pleasant evening. The next morning, their driver arrived with a letter stating that they had been attacked by gangsters during the night. They asked for immediate contact. When I drove up to their house, I noticed a sheet hanging from the balcony. It turned out that the gangsters had killed the night watchman and, after clearing the first floor of more valuable items, attempted to enter their room upstairs. At that point, the attacked tried to get out on the sheet. Their situation was unenviable, after all, they had two very young children. As far as I know, they did not suffer physically and left Nigeria immediately However, the person closest to me was Danek, whom I met under unusual circumstances: two months I enjoyed a new car until it was stolen from the parking lot in front of a large store where I was finishing a

shopping for a party, which I wanted to repay for the hospitable welcome to the new place. It was my fault, because I had previously returned the car to the garage to make an additional key. They, on the other hand, made another one, which was used to steal it. I was devastated: it was just the beginning of my stay, and the money for the car had been borrowed from the hospital. I sat and wondered what to do next. I even thought about returning to the country. At that moment my friend appeared. When I recounted to him what had happened to me, he turned and bent over, revealing his pants, which had been cracked on his butt, the result of a long car trip. I was in a state of nervous tension, so this sent me into hysterical laughter, which I could not easily control. When I finally calmed down, Danek offered to take me to a Lebanese restaurant immediately, and besides, I could use his spare car. He was a truly remarkable man: a young Polish engineer, helpful to all who needed it, one of the few authentic saints who walk this earth. I never later met anyone like him in my life. I remember that he caught my attention earlier when, at one of the social gatherings where gossiping about others is a natural part of the agenda, Danek refused to participate, saying that he never gropes absentees. In Nigeria

He worked very hard, operating a quarry in a remote village.



His dream was to raise money for a yacht with which he would make long-distance sea voyages. He died, killed by gangsters in Kaduna while rescuing another Pole. I attended his funeral in Warsaw. He was posthumously awarded a very high state decoration for his heroism. Since we are talking about the Polish community, it is worth mentioning one more story. A great event in Nigeria was the visit of John Paul II. We, employed at the mission hospital, were assigned to the Pope's medical team. From the early hours of the morning, we were to wait within the seminary where the Holy Father was to go after a meeting on the university grounds. The visit fell during the dry season, when the

no rains, and a wind called harmattan carries brown dust from the Sahara. At one point we saw a large white helicopter heading for the university grounds. Suddenly, completely unexpectedly, it began to rain. Nigerians started coming up to us and congratulating us on the Pope: "He is such a powerful person that he brought rain even at this time of year." Finally, after a very long wait, the Pope appeared, in a large open car, surrounded by a cordon of policemen on horseback. We waved our Polish flags at him, to which the Pope responded with a greeting in our direction. Faced with a prolonged wait for further developments, tired from a whole day spent in the heat, we returned home. After a few hours, the sisters from our convent returned and told the Pope that there were Poles here. And although the Holy Father wanted to see us, we were unfortunately no longer there. We regretted this very much.

Nigeria was an exciting country for me. It was my first African experience, immediately full of amazing experiences - both positive and negative. Professional work was difficult in view of the unsatisfactory state of hospital equipment, as well as the scarcity of adequate staff. I led a very varied social life, taking advantage of the facilities provided by the Recreation Club,

But I also kept in touch with a large group of friends of different nations. There were social gatherings, joint trips to interesting and sometimes distant places in this country. I had the feeling that in these two and a half years in Nigeria I experienced as much as in 10 years in Poland. Unfortunately, the negatives of working and staying in that country were making themselves known. After the aforementioned period, I decided to end my stay despite the fact that my employers did not want to accept this and when I left for vacation, they gave me a return ticket, which in this situation I had to send back.

NEW YORK

When the Nigerian leg of my adventures ended, I exemplarily worked for a few years at the hospital "on Kapusciski" as our hospital in Bydgoszcz was called. However, after a while I began to feel the need for tropical adventures again and looked around for something new. My Bydgoszcz-based professional colleagues, who followed my example and started going to Africa, took a fancy to the famous Albert Schweitzer hospital in Lambaréné, Gabon. Two of them even became for a time the heads of this

hospital. Since the lead was fresh, I approached them to ask what chances there were of working at this hospital. Unfortunately, it was necessary to know French there, which was unfortunately beyond my reach.

Incidentally, I learned that there were five hospitals in the world using the name and trying to cultivate the ideas of Albert Schweitzer.

One of them was the Albert Schweitzer Hopital in Deschapelles, Haiti This hospital used English and, of course, the local language - Creole

The problem was making contact with this hospital. To my surprise, after sending my letter of inquiry, I received a reply in Polish. I wrote back a young Polish anesthesiologist who ended up there on a short contract, in between his stays at the famous Sloan Kattering Cancer Institute in New York. He gave me comprehensive information and added that I was welcome there. This doctor, with whom I later developed a friendship, became famous as a tracker of plagiarism in Polish medical literature. I decided to travel to this distant and unknown country. The funny thing was that my colleagues congratulated me: after all, I was going to a lovely island, where beautiful women dress in garlands of flowers and are extremely favorable to the opposite sex. They were confusing Haiti with Tahiti! I, however, did not always lead them astray.

I had to go to New York first to obtain a Haitian visa. At the U.S. Embassy in Poland, the news of my plans to travel to Haiti caused a slight sensation. At the time, it was already very difficult to get a visa to the United States, but I, declaring such an unusual destination, got one without any trouble. A chain of friends in Poland enabled me to find young Polish emigrants in New York, who, agreed to pick me up from the airport and give me hospitality for a few days.

The reality of that trip from the very beginning played out in an unexpected scenario.

The adventures began even before the flight from Frankfurt to New York, as the flight turned out to be delayed by 6 hours for technical reasons. Those were times when few Poles managed to get out from behind the Iron Curtain. Every such trip was fraught with excitement. Not only did I land in New York with a long delay, which put my fragile plans in question, but at the airport a powerful black representative of the emigration service asked me where I planned to stay. When I gave him the written address of the Brooklyn apartment where I was to stay he replied that this address was wrong and he could not recognize it. I said that I didn't have another one and what should I do about it. He replied that it was enough to give the name of some hotel where I could stay. In the first

The moment I had a complete blank in my head, but after a while I remembered the name of a press-remembered super luxury hotel in New York, where the English royal family stays - the Waldorf Astoria. That was enough.

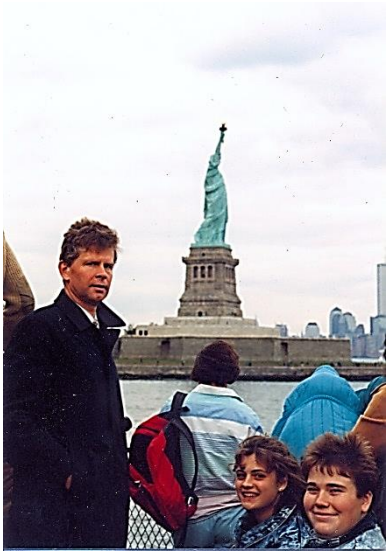
Now it was necessary to find the person waiting for me, whom I did not know. The balloon held in my hand was to be used as an identification mark. Unfortunately, after six hours of waiting for me, there was nothing left of the balloon.

Fortunately, there were many Polonus people waiting for the plane from Warsaw. Seeing no one with a balloon, I began to inquire if such a person had been seen here. To my delight he was pointed out to me in the crowd, someone remembered him holding a balloon some time ago.

The man waiting for me at the airport was a representative of the young Polish emigration. He had recently lived in Brooklyn with his wife and two children. He turned out to be an extremely helpful and friendly person.

He soon introduced me to his friends. They were, like him, young Polish immigrants.

We were on a ferry trip together to the Statue of Liberty, with a wonderful view of the Manhattan wall glistening in the setting sun and the then still existing skyscrapers



of the Word Trade Center. We had a Metropolitan Opera intern in our midst, who sang Italian arias to us with his guitar. Our youth and optimism, it the extraordinary surrounding city and our unusual situation created an unforgettable atmosphere of those days.

Somewhere in the center of Manhattan in one of the skyscrapers was located the Haitian consulate, which I easily reached. Sitting in an elegant room, the consul asked politely what brought me to Haiti. As soon as I said a job at the famed Albert Schweitzer Hospital with evident sympathy, he replied to return in half an hour to get my visa ready. On my way out of the consulate, I heard someone calling my name. When I turned back I was told that the visa was ready.

| It was indeed downtown Manhattan. Not far from there was Trump Tower, already a famous building at the time. At the time, no one thought it belonged to the future president. Right next door was the famous Tiffany jewelry store, which was a must-see, and the no less famous Plaza Hotel, with its diagonally sloping glass wall of the exterior facade.

I was only in New York for a couple of days. In a short time I tried to visit as many museums and other places of interest, such as the UN headquarters, as possible.

I was dependent on public transportation, which in New York means mainly the subway. It did not always provide me with pleasant memories. One time I got into a compartment with some aggressively behaving

young men, but fortunately there was no conflict. On another occasion, all trains bound for the Atlantic-Pacific station were stopped and evacuated for some

reason, and at this station, an unbelievable squeeze was created, which at one point began to arouse fear of being trampled. The very schedule of the subway lines, which I could not understand in any way, aroused my frustration.

It was with some relief that I flew away from this incredible city toward Haiti.

Soon the shore of the eastern coast of the United States began to disappear, and the blue of the sky merged with the blue of the ocean to such an extent that the boundary between sky and water was not visible, and one had the impression that the plane was floating in some unreal blue space beyond which there was nothing. After a while, vertical columns of white clouds began to show from afar. As we approached them, it became apparent that under each was an island of some kind. Under the most impressive one lay Haiti.

HAITI

Haiti is a country located on a Caribbean island in the Greater Antilles range, between Puerto Rico and Cuba. The island is Hispaniola, where Columbus set foot before he even reached the American continent. Various nations have shared influence on the island, but today the eastern part is Dominican, speaking Spanish and developing successful tourism, while the western part, a former French colony, speaking broken French Creole, is Haiti. Hispaniola's original Arawak population has been completely wiped out.

Haiti is not on the tourist trail, it is an extremely poor country with a turbulent and even tragic history. Hence, few Poles have had the opportunity to visit it. I myself would never have guessed that my foot would ever set foot on this land, although, as they say, "God's judgments are unforeseen" (the fact that they sometimes need a little help).

Someone once said that if hell on earth exists, it is in Haiti. This beautiful island has sometimes become a hell for people. Add to that the bad reputation of the country, where normal state structures completely fail to function. The leaders are either corrupt or are lunatics, like Duvalier or Aristide. Ordinary people, on the other hand, are unable to organize in any way. While they used to be able to successfully organize revolutions and slaughter the French colonists who oppressed them, today the national specialty is organizing drug gangs and kidnappings with racketeering. When I was there, the situation was not among the best, but since then it has reportedly changed for the worse. Recently, one commentator stated: "the only thing that could be worse was a mass catastrophe, and it has indeed indeed occurred".

It is hard to disagree with these opinions if we recall several events in the country's history. It is difficult to enumerate them all, but the most memorable are the battles between Haitian revolutionaries and Napoleon's

troops, later the struggles between blacks and mulattos, or finally the tragic earthquakes in 2010, which killed 316,000 people, and another earthquake in 2021, which killed 2,248 people; on top of that, powerful hurricanes and pervasive corruption. Duvalier Jr. fled with a large sum of money to France, along the way infectious disease epidemics, political instability, and finally the assassination of the last president. These are just a part of all the tragedies that have befallen this unfortunate country.

I began to ask myself, why is all this happening in Haiti and not somewhere else? One American religious zealot came up with a simple answer to this. He stated that all the misfortunes that have befallen Haitians are God's punishment for the fact that one of the leaders of the Haitian uprising against the French colonists made a pact with the devil. Incidentally, the same man similarly explained the devastation caused by Hurricane Katrina in the southern US states: it was supposed to be punishment for the abortions performed there. There was once a similar attempt in Poland to explain the AIDS outbreak, namely as a punishment for sexual promiscuity.

It's a pity, because it's a really beautiful island, where tall, green mountains descend steeply to the seashore, there are almost no tides, the bottom is usually sandy and the water is crystal clear. The climate is favorable for plantations. Haiti was once the largest supplier of sugar cane to Europe. Local markets are full of vegetables and fruits. That, unfortunately, is where the country's nice things end.

The hospital in Haiti was not very large, with only 120 beds, but a well organized and managed facility.

The founders were Dr. Mellon, the grandson of a Texas millionaire who made his fortune in oil, and his wife Gwendolin (née Grant), incidentally from the family of former U.S. President Grant, who got the land for the hospital from a late Haitian president

Duvalier, known as Baby Doc, then studying medicine in the US.

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The grounds of the former United Fruits Company of America were used. Both founders turned out to be extremely nice people. I was often invited to visit them and had the opportunity to peep at representatives of American high society partying in their home.

The hospital was solidly built of white stone and was well equipped for the time and circumstances. It was only 200 kilometers to the States, and you could meet doctors from all parts of the world on site, mostly

Haitians, of course, but also Americans, Canadians and representatives of other nations.

When I landed there, the meager airport building in the capital Port-au-Prince was surrounded by menacing-looking policemen with automatic rifles. All of them, as one, were wearing black glasses. The local population called them "good uncles" for some reason. The Haitians have a sense of humor and call their capital with a wry twist the City du soleil, that is - the city of the sun. I said that it sounds quite nice, to which they said that not really, for there is a lot of sunshine and nothing else.

I was taken from the airport in a car belonging to a hotel, run by an American who traditionally picked up guests arriving at the hospital. It was part of the custom there that he greeted guests on the hotel's doorstep with a full glass of strong drink based on local rum. I heard that one female traveler, tired from the trip and the heat, lost her balance after drinking said drink and fell into the hotel pool. At the hospital, I was accommodated in one of the typical cottages left over from an American company that existed there. At first I was awakened at night by a rumbling noise coming from somewhere in the back of my bungalow. I only calmed down when I saw that it was just donkeys that had gathered there for the night.

Each of us foreigners had a local housekeeper who took care of the food and lodging. In the evening when it was getting dark a group of youngsters would gather under the only glowing lamp from my house. At first I couldn't figure out what was going on, but I soon saw that they were doing their homework in the only lighted place at that hour. I also saw there during the day a young individual with a microcephaly practically devoid of a skull, who was playing with others. He made a terrible impression, but at the time I didn't know what could be the cause. I later learned that it was probably a victim of his mother's Zika virus infection during pregnancy, transmitted by mosquitoes. The Caribbean islands are endemic for this type of infection.

At the Hopital Albert Schweitzer "HAS" there were four basic departments and a well-organized outpatient clinic.

My work in surgery began with a good run. I had several successful, as they say, spectacular cases. One in particular is worth mentioning. A teenage boy's rotating boat propeller damaged his arm, severing the brachial artery. I managed to successfully anastomose it, using a graft from a femoral vein. I saw right away that my ratings were going up, especially in the eyes of people who knew.

Another boy had an evisceration of his stomach, all of which came out and inflated with air. There were, by the way, many interesting cases. Dramatic was the story of one pregnant woman who came to us in a not very good general condition, in whom the anatomical details of the fetus could be felt through the thin shells. I showed her to a visiting obstetrics professor from McMasters University in Canada, who said it was apparently the fault of her thin shells. After some time she came to us again, this time in severe shock. It turned out to be an advanced ectopic pregnancy, with bleeding from the placenta. We fought for her life all day and indeed succeeded, but the fetus unfortunately died.It was interesting to work with doctors from many famous medical, American and Canadian, centers.

They usually came there for short stays of 3 months. The hospital constantly cooperated with Yale University

from the US and McMasters University from Canada, as well as with many others.

In our free time we arranged excursions in the mountains, and sometimes overnight stays on beautiful beaches. Social life on the hospital's campus was well organized and I almost never felt lonely.

However, this is not the time to write about the charms of life for those who, like me, came there for a temporary stay. It is time to tell something about the Haitians, the hospital staff. As I have already written, they were well educated professionally. Doctors studying medicine in Port-au-Prince, the country's capital, had professors for

the most part educated in the US. Anyway, later many also moved and worked in the States.

One time I was invited by doctors to a party. It was a good opportunity to meet and get to know people more closely. This time I was surprised to find that I was the only non-Haitian in the group. After a couple of drinks, the Haitians' tongues loosened. They began to complain that despite their apparent concern for equality, they were second-class employees at the hospital, after Americans and Europeans, of course. They told me something else that intrigued me extremely. Well, they declared that because I am Polish, I am entitled to honorary citizenship of this country. They explained to me that there are many reasons, but the most important is the historical events that every Haitian is taught about in school.

It seems that their history is partly responsible for Haiti's continuing tragedy. For one thing, they are burdened by the unacknowledged stigma of slavery. They were violently uprooted from West Africa, from their environment and culture. They became people from nowhere, deprived of all rights, I would say - subhumans. In those days, abusing or even killing a slave carried no punishment for his owner. Inhumane forms of torture, such as being locked in a barrel that was rolled from above, the introduction of insects into the body's natural orifices, boiling and burning, have survived in

documents. These are just some examples, there were many more.

Soon after the events of the French Revolution, its ideas penetrated Haiti, then a French colony. The island was home to about a million black slaves, brought from Africa to work on plantations, and several thousand

French colonizers. The Haitians turned out to be the revolution's poised students and soon slaughtered most of the French oppressors. Then Napoleon, who was in power at the time, sent General Leclerc's legionnaires, including many Poles, to Haiti to bring order.

The war began, full of brutal and bloody events. People were slaughtering each other and hanging each other.

The difference was that the Haitians were fighting for liberation, while the French were fighting for enslavement. French military technology and organization greatly prevailed. The Trojans used the gas chamber killing method later developed by the Germans. It is believed that about 100,000 rebels were exterminated in this way, using sulfur dioxide. Tabun, sarin and soman were not yet known at the time.

When the Poles in the coastal town of Saint-Marc, very near my hospital, were ordered to execute the revolutionaries, they responded by refusing and joined the uprising. In such a situation, they could not hope to return to Europe, so they settled in Haiti and started families.

Apparently, there were villages in this area where the black residents had blue eyes. Olgierd Budrewicz wrote about this after his trip to Haiti.

I, too, among my patients, tried to see some traces of the white race, or, for example, Polish names, but without success. The second fact that deeply moved the Haitians was that John Paul II visited Port-au-Prince during his trip to South America. Haitians, aware of their poverty and small role in the world, were so concerned about this that they named the main street in the capital after him. If we look for other connections, another, this time non-political, event was Haiti's defeat in the 1974 World Cup in Germany, when we beat them perhaps 7 to 0. What older Haitians still remember the names of our players of the time: Lato, Gadocha, Tomaszewski. Where have those times gone?

Against the background of these incredible horrors of Haiti's history, the attitude of the Poles is beautifully drawn, According to an impartial source, the English version of Wikipedia. "The only exception at the time were the Polish armed forces who fought in the Napoleonic army. Some of them refused to fight against the blacks, supporting the ideas of freedom. About 100 Poles joined the rebels (one of the Polish generals, Wladyslaw Franciszek Jablonowski, had partial African ancestry)." Very many Poles, if not in the fighting, died of yellow fever. Some later fought in English units, some, after many adventures, managed to leave for France. Some of them remained in Haiti and started families. Their descendants still live in the villages of

Cazale and Fond-des-Blancs after more than 200 years. And here are their faces (from Budrewicz's book):

Isn't it a beautiful, dramatic and touching story that would deserve a movie adaptation?

HOW I ENDED UP IN TANZANIA

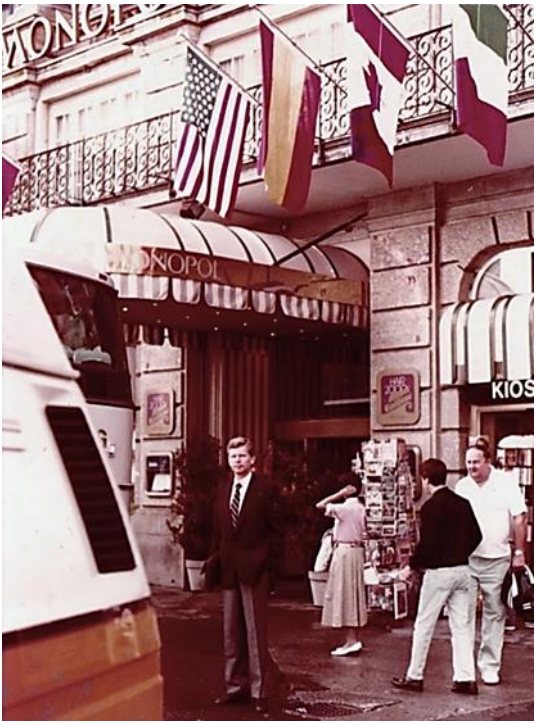
From Haiti, I was forced to return to the country even before the end of my planned stay, pulled by alarming news about my son's health, which fortunately turned out to be exaggerated. I worked again for a couple of years in my hospital "on Kapusciska", but my heart, incurably infected with the African virus, was again drawn to the tropics.

By a rather circuitous route, I learned that the Solidarmed organization from Switzerland was looking for a candidate, a specialist in surgery, to head a hospital and surgical department in Tanzania.

I've always wanted to see this part of Africa, encouraged by a charming TV series shown on TV called Elza of the African bush. To this day I still happen to hum the musical theme of this series - "Born free". Another film that directed my interests in that direction was the famous "Farewell to Africa," based on the book by Karen Blixen.

I decided to try my luck. I wrote to the organization and in a short time received an invitation for a week's stay in Switzerland, during which I was to meet with the doctors working at the hospital. I was accommodated in an impressive hotel, near the lake, in Lucerne.

It was summer and I slept with the window open. At night I was awakened by the sound of a cannonade of fireworks being launched over the lake. I found out later that this, the Catholic part of Switzerland, was celebrating some kind of church festival so pompously. There were three doctors expecting me, each living in a different part of the country, and so I was able to visit different areas.



All my hosts were very friendly and extremely interesting conversations continued late into the night. I was accommodated in hotels. I will never forget when, after one such late-night debate, I ended up in a room in an old chalet-style hotel around midnight, I began to regret that I had not been able to enjoy the prevailing comfort there longer.

My Swiss trek ended in Lucerne, in the same hotel from which I had set out. I met with a group of people active in the organization.

They stated to me that they were interested in me, but I would receive a final answer in two days by phone. They did so, and the answer was positive.

Later I found out that I had two competitors: A Swiss and a German. I won against them probably because I already had African experience behind me.

Soon a cracking letter arrived with all the information and the contract. I must confess that reading it, I couldn't believe my eyes. It was 1990, the situation in Poland was difficult and we were simply not used to such offers. As an example, my Rega insurance, in addition to other benefits, included transportation by a special sanitary plane to Switzerland, should my health condition require emergency, highly specialized treatment.

After a short time, my family and I were on our way to Tanzania. Fate decided to spare us no attractions. It turned out that we were on the eve of the Persian Gulf War and US troops were preparing to invade Iraq. Many flights were canceled, the airport was completely deserted. Our flight was originally supposed to go through Jeddah on the Arabian Peninsula, but the route was changed because of the preparing war and we were to fly directly to Dar es Salaam.

Walking down the long and dark corridor at the airport to our departure point, we suddenly saw some side doors open and out came a chain of dark-skinned people attached to each other by their hands with handcuffs. When we realized they would be our fellow passengers, we felt a little uncomfortable. On the plane they were unshackled and behaved in an exemplary manner. It turned out that they were illegal immigrants who, because of the vacant seats on the plane, had decided to be escorted back to their country.

IFAKARA

My destination in Tanzania was Ifakara. While there, I was to become director of the large 370-bed St. Francis Mission Hospital and head of the approximately 50-bed surgical ward. It was part of the hospital's tradition that the two functions had been combined here in the past. This was also now the wish of the hospital's official owner, Bishop Iteka of Mahenge. In truth, my Swiss predecessor, Dr. Frey, was not a surgeon, but this was an exception to the rule. The founder and founder of the hospital was Dr. Schepf of Austria, and then the directors were German and Swiss, most of whom were surgeons. My contract was for three years. While still in Switzerland, I asked if

I will be able to extend my stay as long as I am interested in doing so. The answer was that I would rather not, for according to the plans of the Solidarmed organization, I was to be the last European director, and after me a Tanzanian was to become the director. From the very beginning, some customs astonished me. As a welcome, Bishop Iteka organized a party in a neighboring parish, which lasted late into the night. Then came the duties and daily life, but there was no shortage of various activities. St.Francis Hospital in Ifakar was under the special custody of the Swiss Development Cooperation SDC, which funds my employer Solidarmed. This was because the hospital was adjacent to the field facility of the Swiss Tropical Institute of Basel, and its patients provided an excellent base for various studies for the Institute's staff.

At the very beginning of my work, I was involved in research on one of the first malaria vaccines, developed by a Colombian scientist, Prof. Patoroyo, who had been in Ifakara for some time. The first group of test subjects were to be mzungu, or whites, to prove that the vaccine was safe. It was proposed to me as well, but I was not convinced enough and refused. I discussed with the director of the facility, the Swiss Dr. Teucher, and presented my doubts as to why an artificially produced vaccine should be more effective than "natural vaccination" by mosquitoes. A large group of children were vaccinated, and the results were published in the renowned Lancet. The publication argued that although the vaccine does not protect against the disease, but it affects a milder course of malaria. Some time later, I learned that a similar study conducted by Englishmen in Gambia did not confirm this original report.

Many years have passed since then. To this day, there are enthusiastic reports in the media that malaria will be defeated this time by a new vaccine. Leading the way in such reports is the BBC. Unfortunately, after more trials, history repeats itself.

Speaking of malaria, I went through it four times during my stay and it is indeed a very unpleasant feeling. Once an attack caught me while I was in Poland. It was November, I was trying to warm up

at the station with a glass of tea, but in my shaking hand I could not hold it. Another time, I took a hot bath in the bathtub after a mountain climb in Ifakar and, sitting in it, sipped cold beer from a bottle, after which I was completely laid out.

I no longer remember how many years ago I had my last attack. Since time immemorial I have not used any prophylaxis, instead I have a different strategy. I read somewhere that mosquitoes can't stand a blast of air. I try to avoid leaving the door open to keep mosquitoes out, and I spray my bedroom with a popular insecticide no more than once a week. For years, I haven't used a mosquito net, but sleep in the gusts of a fan, which not only cools but also effectively repels mosquitoes.

At the time, a story circulated about a German surgeon who went to Kenya by car. Unfortunately, on the way back he was attacked by malaria, forcing him to be hospitalized. Unfortunately, he died along the way. As it turned out later, it was what is now called a "hybrid," malaria with AIDS.... Malaria is most dangerous for children, pregnant women and people burdened with other serious immune-compromising diseases.

In Ifakar, I was friends with a certain Englishman, Peter Warrick. He was quite a distinctive character. He was about 60 years old and lived alone in a nearby village with his servant. Whenever I saw him, he always wore shorts and wondered at the

voice, why other whites walk in long pants and not shorts. We used to invite him to Christmas Eve. He would then appear in a white shirt and with a tie. What was unusual about him? Well, despite the conditions in which he lived, he displayed the impeccable manners and views of an educated upper-class Englishman. He once invited me to join him for lunch. I had rather mixed feelings, but it was inappropriate to refuse. It turned out that my fears were misplaced. The lunch was tasty and served elegantly.

Peter Warrick was poor as a church mouse, but he enjoyed general sympathy. The Swiss at the Tropical Institute treated him to a trip to Europe. He returned from it with mixed feelings because he didn't like everything there. He also got a tractor from the Swiss, which came in very handy because he did some farming, but also rented fields for the Tanzanians to farm. I asked him how he got into Ifakara in this village. He told me that while Britain was in power in Tanzania, although it was not a typical colonial arrangement he belonged to the British administration. Prior to Tanzania's independence, the British recommended that their employees get out of the country, which Peter Warrick also did. However, he decided against the advice to return and did so in what was then an illegal way through Kenya. During a memorable lunch he told me his story. Well, as a civilized man, he took care of his fitness and daily

He used to devote some time to jogging. Once during such a jog, he saw a lion in his path. They both stood taking a look at each other then each moved off in their own direction. Apparently the lion was full.

Another time he heard an unusual noise at his door. When he opened it he saw a hippopotamus, which retreated without making any trouble. It should be added that he lived close to the river.

Ifakara lay between two National Parks - Mikumi and Selous - and as a result we had many patients, victims of wild animals One of them was a young boy, terribly injured by a lion, which opened his frontal bone, destroyed the bones of his nose and tore open his mouth, resulting in one big cavity. He was successfully rescued.

A herd of buffalo broke into the hospital twice and marched through the main corridor. During one of such their marches, four women were killed by them in the town.

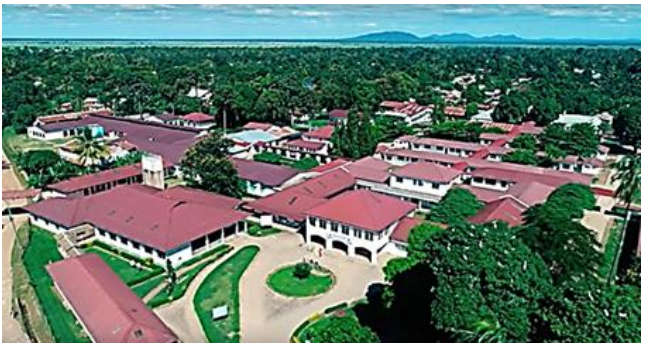
One time it was learned that a lion once prowled the town. It was decided to neutralize it, so right in front of my house a deep hole was dug in which a goat was placed. When the lion jumped into it and could not get out, it was then killed.

Ifakara is located in a picturesque place. Nearby, the Udzungwe Mountains are visible on the horizon, From these mountains near the village of Kidatu flows an impressive waterfall. A few kilometers from the township flows the large Kilombero River, which, joining with others, changes its name to Rufiji, Tanzania's largest river. In my time, in order to get to the other bank, one had to use a ferry. Once the ferry overturned and many people drowned. At the crossing point you could almost always see hippo heads emerging from the water.

Among the tourist attractions was a boat trip on the river, something for lovers of ornithology because many species of birds could be observed on the banks. However, one had to be on guard because of the hippos and crocodiles. It wasn't just these predators that were dangerous. Wandering around the

The hills adjacent to Ifakara were to be avoided when encountering elephants. In nearby Mikumi, an elephant trampled a Japanese man when he decided to take a close-up picture of it.

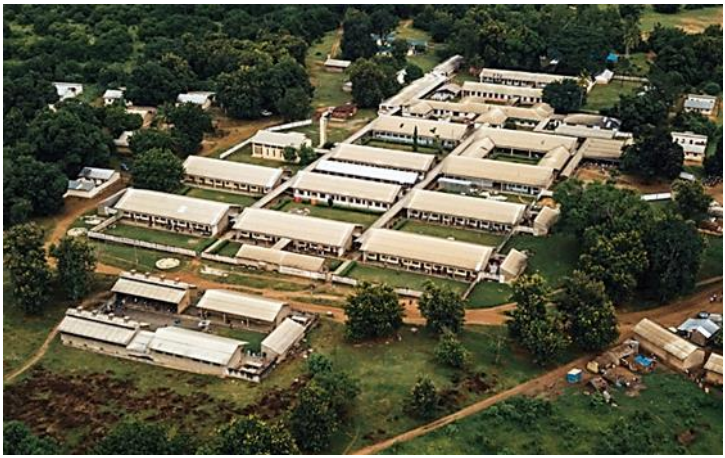
During my tenure at St. Francis Hospital, we established contact with the Swiss organization Secours Dentaire International, through which we opened a well-equipped dental office. The organization provided supplies of medicines and materials and staff training. We organized local production of IV fluids in the hospital, and reorganized several departments. The hospital constantly cooperated with a branch of the tropical institute in Basel



A lot has changed since I worked there. And this is how the Ifakara hospital looks today from a bird's eye view (drone) after the renovation.

I liked Ifakara and still have a fondness for the place to this day.

NYANGAO - WHERE THE BIRDS TURN BACK FROM



After I finished my four-year work in Ifakar, I was invited to Nyangao Hospital by Nun Raphaela, a German gynecologist doctor, who was then head of the hospital.

The hospital had a good reputation and competed with another mission hospital not too far away in Ndanda. Initially it was only a clinic. The clinic and later the hospital were founded and run by German Benedictine nuns from Tutzing, Bavaria. When I arrived there, in addition to the Tanzanian sisters, there were four German women in the convent - when I left, there was only one left.

At the hospital, I took charge of the surgical department, which had about 40 beds, including pediatric patients, and the private ward. During my stay I had a variable number of assistants, but sometimes two or for a short period only one.

One day a friend of mine from my school days, who was involved in a small business in the city of my youth - Lubartow - decided to visit me. He went with another friend who lived in Germany. For both of them it was a trip into the unknown, to a distant and exotic continent. Accordingly, they decided to prepare for all eventualities, as I found out when they unpacked their heavy-duty

luggage. Everything was there, including a large amount of strong alcohol, cutlery and plates. They spent a few days in bungalows on the beach near the Mozambique border, and then came to Nyangao. In the course of the conversation, my friend stated: "You know, Richard, you have a comfortable home and a good job, but from here the birds are turning back." When puzzled I asked what this meant he replied, "They just continue to have nowhere to fly, here is the end of the world." To this day, I can't forget this saying and it has become an alternative title for my book

We had two operating rooms in Nyangao, which we had to share with gynecology and obstetrics.

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With the help of the Polish Medical Mission and the German Artemed Foundation, another building was added, containing two rooms for smaller procedures and three doctors' offices, while an additional third operating room was created in the former building.

This was necessary because I was able to establish a partnership with the Orthopedic Institute from Muhimbili Hospital in Dar es es Salaam, which delegated orthopedists to us on a rotating basis. An additional room was dedicated to this type of surgery. This made Nyangao Hospital the only hospital in southeastern Tanzania to offer specialized orthopedic treatment. We were very fortunate because one of the first orthopedic surgeons enabled us to work with the SIGN charity in the US, which supplied us with a set of orthopedic instruments and supplies and replenished on an ongoing basis those items that were worn out. (I must add, not without pride, that I planned the entire new surgical building and many of the changes to the existing building myself using the fantastic Google SketchUp program).

INNOVATIONS AND IMPROVISATIONS AT NYANGAO HOSPITAL

Working in a hospital in a small town, far from larger centers, and not always having sufficient financial resources, we were often forced to look for alternatives that were available and less expensive. Given the poverty of most of our patients, we had to look for solutions that were as inexpensive as possible.

I will cite a few of those we used for a long time.

Atraumatic surgical sutures from various companies were expensive or unobtainable for us, so we used fishing line nylon, 0.3 and 0.4 mm in diameter and 70 cm long, to suture the skin and sometimes the fascia. This nylon, rolled into a ring and placed in a small paper envelope, was sterilized in an autoclave. Of course, in such a situation one had to use old-type needles, which, by the way, were plentiful in the hospital's stock of non atraumatic ones, Nylon was fabulously cheap compared to ready-made sutures, could be tied better than anything else and we never had the slightest trouble or subsequent complications and yet I used it in hundreds, if not thousands of operations.

Another innovation was the production of inexpensive colostomy pouches. The original ones were hardly available and too

expensive for the pocket of our average patient. The market sold a plastic sleeve, which was then used to make pouches for seeds and other loose products. We used this to produce our colostomy pouches, which we adhered to the patient's skin with rubber glue. I have not found a single case of allergy to this glue, and the pouches did their job perfectly.

We had to handle everything. Even such simple things as extractor weights were made from plastic cans filled with cement.

Bottle racks collected urine after prostatectomy, one full of which could easily be swapped for another without spilling on the floor.

An additional benefit was that we avoided the need to use urine bags, which were quite expensive for us. Such a bag overfilled to the maximum at night threatened to increase the pressure in the bladder and rupture its wound.

To avoid IV fluid bottle racks in the operating room, we hung them from the ceiling on hangers constructed for this purpose.

We replaced the constantly ripping plastic covers for patient records with our own design of aluminum ones.

We used many other innovations and improvements, such as the superficial wound treatment system we called DIVE, which I write about in another chapter. For surgery, we washed our hands in a solution: 2/3 Betadine with 1/3 dishwashing liquid. This gave a good antiseptic effect and the ease of rinsing this liquid off our hands.

We shared our experiences with colleagues from other hospitals at fairly regular inter-hospital meetings.

INTERESTING CASES AT NYANGAO HOSPITAL

I wouldn't want this book to be of interest only to surgeons, but I can't help but share some interesting surgical cases I was given to treat in Nyangao.

One day we admitted a patient with a terrible facial wound. At first we surmised that it was caused by a lion, as I had a similar case in Ifakar. However, we later learned from the sick man that he had been guarding his field in a rather primitive hut, as is customary here. At night, when he fell asleep, a hyena attacked him. Surgical debridement of the wound was extremely laborious, and unfortunately the patient lost one eye

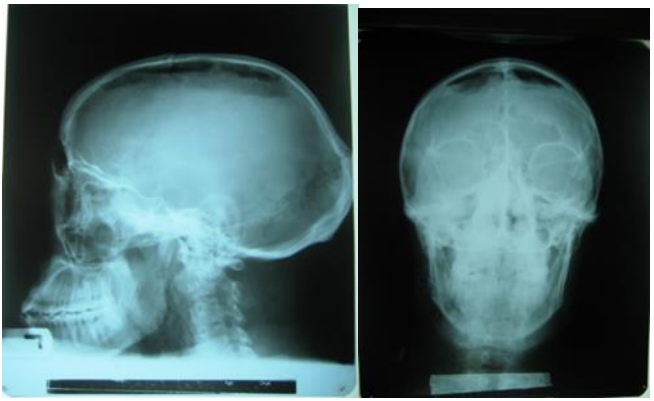
.He was treated for a long time, while the end result was not too bad.

In Tanzania, one sometimes meets (fortunately quite rarely) patients with mysterious lesions of the fingers or limbs that lead to autoamputation.

A matter completely unknown in Europe. They are called ainhum. The changes look as if someone has clamped on

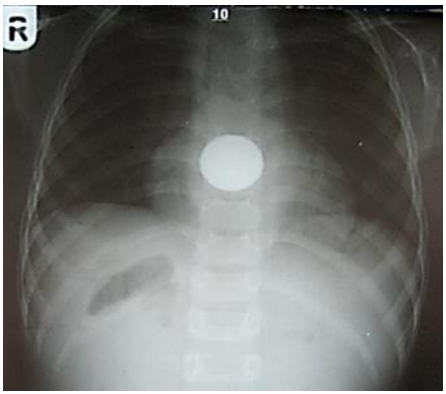
limb elements of the cord. The etiology is unknown, a genetic or immunological factor is suspected.

Equally rare cases include patients with air inside the skull, so-called pneumocephalus. I have seen only a couple of them, and interestingly they did not present any serious neurological symptoms. They gave a history of minor head trauma, with no loss of consciousness. Their general condition was good.



An unusual case was a several-year-old girl who swallowed a coin four years ago. She came to us with a persistent cough, but without any trouble swallowing. The coin was fortunately removed with an esophagoscope. After such

long time I was afraid to use our traditional method. - We treated almost all such cases by removing the coin with a Foley catheter balloon. (No complications!).



One day a girl was admitted who, while eating fish, began to suffocate. This forced me to perform a tracheotomy. During this procedure, I was surprised to find the presence of fish bones in the trachea, which could be removed. The question remained as to how they got there. Probably the patient choked and aspirated the bones into the trachea.

Here are the consequences of neglecting eartreatment.

A giant keloid - a pathologically hypertrophic scar

Elephantiasis of the scrotum, as a result of blocked outflow from the lymphatic vessels by a parasite - filaria.

I could cite many more interesting cases, but I cannot turn this book into a textbook on surgery in the tropics. Finally, a corpus delicti.

One morning, in between surgeries, my assistants came to me, extremely excited, and informed me that they had admitted a patient with an almost completely amputated half-length of his appendix. The distal portion was hanging by a 1-cm strip of skin and subcutaneous tissue. At first I wore myself out with the intention of cutting off the strip of skin and supplying the coil, but after a while I thought - "I'll give it a try!". I won't describe the anastomosis technique here. The next morning I found that the distal part was warm and the subcutaneous veins were filled with blood. After two weeks, the patient was discharged, and after another two months he showed up for follow-up.

My colleagues surrounded him, inquiring about the vital function of this organ, followed by a burst of enthusiasm - it works!

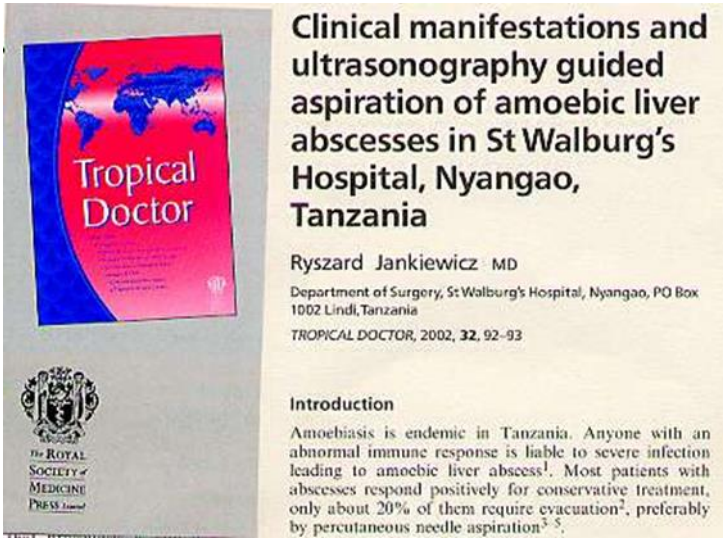
I described the case in Urologia Polska, which prompted critical comments from two readers. They alleged in a letter to the editor that the magazine published the treatment of such pathology without microsurgical technique. I wrote back to the editor that I did not use microsurgery because I simply did not have it, and my patient is doing well,

Speaking of this organ, we once admitted a patient who was found drunk in the bush, with a precisely performed amputation of the entire appendage, (it's a miracle he didn't bleed out). No reimplantation was an option. What remained was the supply of the urethral opening. Surprisingly, the patient controlled urination perfectly. To keep the patient's spirits up, we joked at visits that when everything healed, an organ from some animal would have to be sewn in. After many suggestions, the patient decided on a donkey. When the time came for discharge and we told him it was a joke, the patient was inconsolable in grief. We didn't think he would believe it.

Since this organ is a grateful subject for sensational stories I will add one more, this time the last one. Well, one day a patient was brought in who had put on this organ at his

the base of a massive steel ring used to attach from the top of the handlebars on a bicycle. This caused pressure on the tissues and vessels resulting in a menacing-looking swelling of the organ. We tried all the cutting tools in the instrumentarium, but the steel did not budge. The eyes of the accompanying staff turned to me asking what to do and hoping that Mzungu could do anything. I'll admit that I had no concept myself at first. Finally, I decided to use an angle cutter. However, the problem arose of how to protect the tissue from mechanical damage and the high temperature that cutting through metal produces. We inserted a grooved probe between the ring and the organ and decided to perform the whole procedure with water cooling from a hose connected to a tap. The sonic effect due to the whistling of the cutting machine and the visual effect due to the rising steam was amazing, but eventually we managed to free the organ and it returned to its normal appearance after a few hours. By the way, the patient was mentally handicapped and didn't really care about all this.

On the adjacent page, a photo of a patient in whom someone had performed harakiri. Fortunately, he was able to be "stitched up" without complications.


Tropical Doctor
The Royal Society of Medicine Press
Clinical manifestations and ultrasonography guided aspiration of amoebic liver abscesses in St Walburg's Hospital, Nyangao, Tanzania
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Introduction
Amoebiasis is endemic in Tanzania. Anyone with an abnormal immune response is liable to severe infection leading to amoebic liver abscess[1]. Most patients with abscesses respond positively for conservative treatment, only about 20% of them require evacuation[2], preferably by percutaneous needle aspiration[3–5].

ALA It's not a diminutive female name this time. We use this abbreviation from the English name amoebic liver abscess to describe amoebic liver abscess. I wouldn't devote more space in my pages to this what-if medical subject if it weren't for certain facts. Well, when I arrived in Nyangao I tried to find out what diseases are most common here, as there are local and regional differences.

To my question about amoebiasis, the then director of the German hospital, Dr. Heinrich, mentioned elsewhere, replied that this disease hardly exists here, because it is very rarely confirmed by laboratory tests. Meanwhile, myself and other employees had many cases of liver abscesses, which could only be abscesses caused by

amoebas. They arise from an amoeba infecting an organism that has a weakened immune system. Tuberculosis, alcoholism, malnutrition and AIDS create just such a fertile ground for liver abscess formation. According to medical literature, there is an average of one liver abscess for every ten or so patients with symptoms of gastrointestinal amoeba infection. So, among our patients, there must have been many more cases infected with amoeba. The underestimated statistic was the result of an improperly performed laboratory test. We found that almost all of the patients with liver abscesses drank water from the same river flowing through Nyangao, which is used for washing, bathing and as a source of drinking water for part of the population. I began to take an interest in this and collect data. I was particularly interested in large abscesses, as such require longer treatment as opposed to smaller ones.

The largest was about 12 cm in diameter as measured by ultrasound. We treated large abscesses and also those threatening perforation not only conservatively, but also with ultrasound-controlled aspiration, using a high-lumen needle. In a few months I collected almost 50 such cases. By reading many articles on the subject, some of them acquired with the help of the Internet, and treating many patients, I gained a lot of experience in this field. We found that the applied method of conservative treatment combined with aspiration, which, it must be frankly admitted, was not our idea, turned out to be safe and effective, as it significantly shortened the treatment time and we had no serious complications. I sent the results of the work to Tropical Doctor. What was my satisfaction when the article was published!

"Urology in a missionary hospital in Tanzania".

Under this title, my article appeared in Urology Review 2014/3 (85). During a holiday stay in Bydgoszcz, I had the opportunity to meet Prof. Zbigniew Wolski, Head of the Urology Clinic, President of the Polish Urological Society and at the same time Editor-in-Chief of the Urological Review.

I can't hide the fact that I am impressed by his personality, his favoritism towards me and my plans. Despite his countless duties, those arising from the above-mentioned functions as well as many others, he found time for me "a surgeon from the African bush" to show me a modern clinic, an operating room equipped with the latest equipment and many other interesting facilities. What's more, the professor gave me extremely valuable advice on how urological treatment at my hospital could be expanded.

Tembo is Swahili for elephant, but it is also a popular locally produced beverage. It is made from the fermented sap of the incised stem of the palm tree flower. It is the most popular alcoholic beverage throughout Tanzania. A folk adage says that the sap is good for children right after it is collected, in the evening for women and the next day only for real men.

The palm tree provides more than just tembo, of course; it is one of the most important agricultural products in our area. It provides oil, coconuts, madaf, that is, refreshing coconut milk as we have come to say, although truth be told it does not resemble milk either in appearance or taste. It is a watery with a nauseatingly sweet taste liquid obtained from unripe coconuts. Vendors keep the nuts sealed. Only when a buyer comes along do they cleverly tap around the top part of the nut with a knife, causing the part that is incompletely cut off to separate after a short time and serve as a lid. At

The first attempt to drink this drink often does not taste very good, only when you drink it after many hours of being in the heat it seems to be always cool and quenches thirst wonderfully. There are those who believe in its therapeutic effect especially in states after an overdose of alcohol. This may have its explanation, as it contains a lot of potassium and glucose.

Other products are provided by the leaves of the palm tree, which, properly braided, are used to make mats, baskets, brushes, screens and ropes.

The trunk of the tree is a building material and also used to make rare, but very attractive and elegant looking boxes or folders.

I return, however, to the essential topic that is tembo. In order to collect the sap, local collectors of this specialty climb to the crown of a palm tree usually several meters high, cut the stem and hang a plastic or can-made container from it for the slowly dripping sap. The best time for this activity is early morning or evening, when the sun is not baking. Local pickers climb using only their arms and legs without any protection. It is not uncommon for them to improve their mood with the final product, that is, the previous day's fermented juice. Sometimes in the evening they can be heard talking from the crowns of tall palms or even singing. At first, for someone who doesn't suppose the source of the

The voice is hidden in the crown of a palm tree it is difficult to figure out where the voice is coming from. However, this almost idyllic picture has an element of horror. From time to time it happens that one of them falls, they bring him in a deplorable condition to the hospital and then the sad medical chapter begins.

It is a kind of specific local trauma epidemic. At the time of the injured reports, we refer to it colloquially as Coco Nut Syndrome, coconut syndrome. During the past two years, we have admitted forty-five patients to the surgical department for this reason. Light cases were sent home. Almost all of those admitted suffered single or multiple bone fractures. Half of them suffered vertebral fractures. Of those who suffered vertebral fractures, half presented symptoms of spinal cord injury, ranging from transient paresis of the lower extremities to two sudden deaths in cases of cervical vertebral fractures. Most of the fractures, however, involved the thoracolumbar vertebrae. This is a big problem primarily for the victims, who if they leave the hospital are usually permanently disabled. For the hospital, it's a problem because of the long treatment and often lack of effectiveness. Attempts to persuade collectors to use a safety rope that would encompass the tree and the sap collector climbing up are not gaining traction. There is simply a lack of imagination and tradition.

The matter would be solved by the low-slung palm trees that exist here, but their wider introduction should be put off to the book of wishful thinking.

MY PATIENTS

Can one generalize patients after all they are so different, and yet. You can compare them with patients in Poland and then you can see a big difference. I like them and catch myself that I often sympathize with them. They come to our hospital sometimes from very far away, bypassing other such facilities on the way, claiming that they trust the quality of our work. The road they have to travel sometimes reaches 250 km and if they come from Mozambique crossing the border river Ruwuma, wide at the mouth, by dugout canoes, then it is much longer.

They are mostly poor, they can generally only afford to buy a clinic card and pay for basic examinations, but the whole family has to contribute to the hospital stay

Not only does the family watch over the patient, fulfilling many of the nursing tasks, preparing food and feeding the patient, but sometimes, as in this case, a family member serves as a comfortable headrest. However, this was an unusual exception.

It is the order of the day when they ask to be discharged from the hospital even though treatment has not been

completed and risks complications and even life-threatening. Often I then reduce the fees and let the patient wait on the hospital bed until the family collects the money, but this cannot be applied in all situations. Interestingly, sometimes they ask for a reduction and declare that they can pay less, but they almost never try to cheat. It sometimes happens that they disappear into the night without waiting for the official discharge, but these are rather rare cases and dictated for them by a no-win situation, they don't have money to pay for all the treatment and they can't afford to stay in the hospital longer, because they have to get food themselves, for which there is no money either.

I don't show it, but my heart squeezes when I come to my office after completed surgeries and see them waiting for hours without a word of complaint or impatience. They wait patiently in line without trying to pass anyone by. Some are so weak that they have to lie down on a bench or on the ground. I've been working in such a situation for many years and don't have time to reflect, but now that I'm writing about it I see it as if from a different angle.

When going to the doctor they put on their best clothes, this is usually seen in the outfits of children dressed by caring mothers. Despite the widespread difficult access to water and lack of sanitation, they are not dirty.

The door to my office opens and a patient enters, rarely alone, usually accompanied by one person and sometimes even two. This may sound like bragging, but in many cases I already guess at that point what is going on. For myself, I call it "diagnosis at the door."

There are some sick people who come in and ask that they be thoroughly examined. Here in Tanzania, this mainly applies to Indians or better-off Tanzanians. I then ask if there is something wrong with him and the sick person replies that no, that he just wants to be examined - for everything, he adds. I then try to explain that we are geared towards detecting and treating specific diseases, but the delinquent is often unsatisfied with this. Patients are not the only ones here who like to have the maximum number of tests performed on them. They sometimes come with sheets of results done mainly in Dar es Salaam , which are 95% unnecessary. The highest patient satisfaction comes from CT or MRI scans

which, with some luck, the patient can get done in the capital for fat money. Sometimes they manage to get partial compensation from the State Health Insurance. However, this usually applies to state employees or those who can afford to pay the premiums.

I left the country as an experienced general surgeon. Africa forced me to continue to study intensively from textbooks and also gradually gain experience in contact with more and more cases.

Surgery is basically the same everywhere, but here it is nevertheless a little different. What does this otherness consist in? Let me give an example. A patient suffering from severe pain in the right lower abdomen, with fever, vomiting in Europe will be suspected first of gallbladder inflammation and here of an amoebic liver abscess. A young patient who is admitted to the hospital with a monstrous tumor of the cheek or mouth in Europe will fall into the hands of oncologists who will first use all available diagnostic means and then, depending on the nature of the lesion, operate, irradiate, use chemotherapy or all together. Such a tumor here is, in ninety percent of cases, the so-called Burkitt's Lymphoma, found only in the tropics. After a relatively simple diagnosis in the hospital laboratory, this patient will receive several courses of uncomplicated chemotherapy and after a few weeks

In most cases, although not in all, there will be no trace of the tumor. There is also the other side of the coin. Most of the patients presenting with liver, bladder, cervical, breast cancers, which are common here, we cannot effectively help. They come forward too late, and neither our modest capabilities nor the somewhat larger hospitals in the capital Dar es Salaam can make much difference.

To cope well in Africa, even an experienced general surgeon needs, in my opinion, no less than a year of African practice, during which he must intensively refresh if not learn them, knowledge of gynecology and obstetrics, urology, orthopedics, pediatric surgery, etc. Then, as I joke, the title of general surgeon is added to that of universal surgeon. Many professional colleagues might shrug their shoulders at this and comment that this is a path in the opposite direction to the one the world is following. I would then have to answer them that with all the imperfection of the material and technical conditions in which I work it gives extraordinary satisfaction and the so-called "universal surgeons" are still needed by three quarters of the world's population.Here are a couple of cases illustrating my worAround one o'clock in the morning, the phone rang. The midwife informed me that one of the newly admitted patients to the maternity ward had slowed her fetal heart rate below the acceptable limit. I asked how advanced the labor action was, and in response

I was told that it had not actually started yet for good. I recommended a glucose drip infusion and oxygen and urgent observation. If there was no improvement, I was to be informed again. I was not called again. In the morning I was informed that after the recommended therapy, the fetal heart rate had returned to normal and was still good. After the scheduled surgeries were completed around one o'clock, my Tanzanian assistant came to me with a concerned face and informed me that until eleven o'clock the heart rate was good and then, according to the midwife, it suddenly disappeared. I was moved by this news, because although there were no clear indications of this if I had done a C-section during the night the baby would have lived. Well not everything can be predicted.

For the last five weeks we had an orthopedic surgeon from Germany in Nyangao. He turned out to be a pleasant to deal with, sociable and eager to share his knowledge. Tall, slim with a black short beard and a drawn face (he can be seen standing next to me in the photo with President Mkapa). When I first heard his

the name Andrea Covolato there was no doubt that he was Italian. He finished his studies in Padua and married a German woman studying there. Ten years ago he spent three years working in hospitals in central Tanzania. Hence his fondness for that country and his desire to return, if only for a few weeks. Andrea represented the views of modern Western-European orthopedics, and not surprisingly, he tried to continue them here at all costs.

Unfortunately, orthopedics is a field largely dependent on instrumentation and technical equipment to immobilize broken bones. Our equipment, while much better than in most Tanzanian hospitals, would be more suitable for a museum in Europe. Nevertheless, using what was at hand I managed to operate and immobilize many complicated fractures unsuitable for conservative treatment. When confronted with Andrea, I represented a necessarily less surgically aggressive approach to our orthopedic patients. Inadequate equipment is one element influencing my position, the other is that in Africa the famous saying time is money is mostly not of practical use. In our and many other African hospitals, the patient pays a fixed rate for admission to the hospital, with the length of stay having little effect on it. Food is prepared by the family. All in all, neither the doctor nor the patient is pressured by the price of each day's stay

patient in the hospital. So when it comes down to risky due to the possibility of infection and imperfect technique orthopedic surgical treatment and as an alternative conservative treatment, which although longer and for some reasons also sometimes imperfect, many surgeons in Africa choose the latter.

Andrea showed me some new immobilization methods possible even in our situation, for which I was grateful. However, we sometimes had conflicting opinions, which, with Andrea's character and, what would also be said here, mine, never ended up worsening relations. One such controversial case included a young patient of about 30 years who, in a car accident, suffered a multi-fracture fracture of both femurs in their upper part. On both sides, the bone at the fracture site over a space of about 30 cm consisted of more than a dozen dislocated fragments. To make matters worse, the patient suffered numerous wounds to his trunk and limbs, including an extensive infected skin defect in the sacral region. We immobilized both of the patient's limbs on a lift, but asked ourselves what to do with him next. Andrea, despite the lack of appropriate equipment, pushed me every day to have the patient operated on. I resisted this proposal being convinced that everything would end in infection and amputation of the limbs. Andrea's pressure increased and I myself began to have doubts about whether my position was correct. What was my joy when

After about five weeks, both bones began to show signs of fusion, the patient could be freed from the extractor and the prospect of surgery could be abandoned. Currently, the sacral wound is on the mend, the patient is walking independently on crutches and I am getting ready to take a picture of him and send it to Andrea in Germany, as I promised him in case of a happy-end.

Although a doctor encounters death more often than anyone else, I can tell you from my own experience that it doesn't make you immune at all. Every death of a patient under my care is an experience. In most cases, however, you eventually have to stop thinking about it and focus on the many other patients who need help. However, there are also situations that are impossible to forget and move you to the depths.

About three weeks ago, a young woman was admitted during my duty with symptoms of severe peritonitis. She had undergone a cesarean section at the regional (provincial) hospital in Mtwar three weeks earlier. She was operated on by a German doctor working there at the time. The baby was born in good condition. After two weeks, she was discharged home despite persistent fever and abdominal pain. Her condition at home did not improve, in fact it was getting worse, so after a week the family decided to bring her back to us. The patient made a very pleasant impression. Despite her suffering, she responded to every inquiry with a gentle, touching smile,

which was unprecedented in her situation, a severe general infection. In view of the indisputable indications for urgent surgery, after a short preparation I operated on her. What I found in her abdomen exceeded my most pessimistic expectations. A yawning and pus-secreting uterine wound, hellish intestinal adhesions that, when released, exposed reservoirs of pus. The uterus had to be removed, the intestines freed from the adhesions and the pus evacuated. The patient's condition after the operation was critical, and I did not foresee her surviving longer than 24 hours. Nevertheless, she somehow survived the early postoperative period. Unfortunately, on the fifth day after the operation, symptoms of intestinal fistula developed and the patient's condition began to deteriorate again. The patient showed incredible cheerfulness all the time. She breastfed the baby and smiled with extraordinary grace while answering my every question. I used all our conservative treatment options, fearing to operate on her once again because I knew she would not be able to survive it. Nevertheless, after several days of unsuccessful efforts, I decided to put everything on the line. The patient's condition was deteriorating, and going forward I knew that only death awaited her. The operation offered her a one-in-a-thousand chance.Technically, the next operation was not difficult. The fistula was closed and her digestive tract began function. Unfortunately, there was a circulatory disturbance that entailed temporary,

But increasingly frequent loss of consciousness. The patient died in the morning and to this day, with a painful heart, I can not forget her smiling face. I wanted so much to save her

.Tanzanians are among the representatives of those African peoples who try not to demonstrate their feelings and emotions, unlike, for example, the Yorubas of Nigeria. This also applies to the expression of gratitude, so any deviation from this rule draws attention and is noted by me. Once I was called to a labor and delivery ward where a young woman was having trouble delivering her first child. She was visibly frightened and overreacted to every action. After examining her, I concluded that she should give birth by natural means, but with the help, of a vacuum-train, which assists natural labor contractions. With little trouble, it was possible to give birth by this means, and the baby was born in good condition. The woman must have been aware of the difficulties of her labor. There was no limit to her gratitude after its successful completion. First she thanked me in Swahili including the Lord God and the angels. Then she switched to snarky-sounding Arabic, which also showed her education and affiliation with the Muslim religion. Finally, she grabbed my hand and, shaking it repeatedly, continued to thank me. I must admit that I felt touched, which doesn't often happen to me.

.As in any surgical department there is daily "chaffing", but from time to time there are surgeries that require more effort and the final outcome keeps the surgeon in suspense. In developed countries, gastric and duodenal ulcers are becoming increasingly rare and are slowly becoming the domain of internists mainly due to the introduction of new more effective drugs, better knowledge of the cause of the disease and better gastroscopic diagnosis. In third world countries, the case is different. The onset and development of peptic ulcer disease depends on a number of factors and these in turn occur in varying degrees of severity depending on lifestyle, diet, etc. For example, among my patients in Nigeria in the city of Ibadan, there were many patients with gastric or duodenal ulcers. Many of them had a complication of bleeding. In Haiti, on the other hand, a very common complication was pyloric stenosis. In Tanzania and especially in the collapsed rural area where I happened to work, the case is different. The disease is extremely rare here. A typical duodenal ulcer viewed during a gastroscopic examination is almost a professional highlight for me. I think this is due to the way I eat and less exposure to the stresses that are a side effect of civilization.One day a Tanzanian surgeon from a neighboring mission hospital came to see me and asked me to examine his brother-in-law, a local businessman who had already lost a lot of money on ineffective treatment in private

hospitals in the capital. The patient turned out to be a relatively young, tall and very emaciated man. A contrast study of the stomach and gastroscopy raised no doubts. He had advanced peptic ulcer disease with significant pyloric stenosis. There was nothing left to do but propose surgery, to which the patient and family eagerly agreed. The operation turned out to be more difficult than I had anticipated. I watched my patient's behavior in the postoperative period with great anxiety as to whether I would see signs of anastomotic leakage. When five or six days passed and nothing like that happened my stress passed and I knew that the worst of the danger was behind us. When I go to Mtwara almost every time I meet my patient, who does not hold his joy and does not stop to show his gratitude, although it has been a long time since the operation.

The issue of biological weapons that can be used by terrorists, including smallpox and anthrax, often recurs in the mass media. In 1977, the last "historic" case of smallpox in Somalia was reported for this most terrible infectious disease raging in epidemic form since ancient times, leaving death, blindness and disfigurement in its wake.

In 1980, the World Health Organization triumphantly announced that the entire world had been freed from the disease. However, live strains of the virus are still being stored for research and scientific purposes in the

laboratories in Atlanta and Moscow. Iraq and some other country are also reported to have it.

One day we admitted a patient with a body covered with blisters involving areas typical of smallpox such as the palms of the hands

hand surfaces, etc. A slight panic ensued, the patient was isolated, I took many pictures of him.

Unfortunately, we do not have the possibility of serological tests,, to confirm the diagnosis. After a few days, the patient died. Was this an unusual case of smallpox, or more likely so-called monkeypox, chickenpox, or some skin disease? We will never know. Interestingly, monkeypox is reappearing in the world.

Anthrax, is a rare but common zoonotic disease here in Tanzania. I remember a several-year-old girl in whom a black, non-painful, edematous spot with irregular outlines appeared on her forehead. I had never seen such a thing and began to look in books. I found a very similar-looking case of anthrax. When we started asking the patient if she had been in contact with animals it turned out that she had been. A few days earlier she had been instructed to herd goats and had touched their fur. The patient received a series of injections of Penicillin (we did not know at the time that Ciprofloxacin was the most effective) and all ended well.

REFLECTIONS OF AN AFRICAN SURGEON

The work of a surgeon is fraught with many interesting and sometimes dramatic events. Obtaining a specialty entitles one to the title, but it takes many years of practice to feel like a competent surgeon. I will never forget my uncertainty and, to tell the truth, fear, whether, despite having a specialist's diploma in my pocket, a patient will suddenly appear with whom I will not be

knew how to properly handle himself. Of course, there is always the possibility of consulting a superior or even calling him for help, but in practice this is not always possible or easy. I worked in the City Hospital in Bydgoszcz in the surgical department for many years, passing through all professional levels up to deputy chief, but this feeling subsided very slowly.

My diploma proclaimed that I became a specialist in general surgery. Today, in view of the proliferation of super-specializations, this one of mine is becoming more and more historic. After landing in Africa, specifically in Nigeria, it became apparent that one had to adapt to the local realities and become from a general surgeon to a universal surgeon who can not only operate on a hernia, cut out a piece of intestine or stomach, but also remove a uterus, kidney, prostate gland, fuse broken bones with metal implants and perform many other procedures undreamed of in his home country.

In order to be able to perform the right procedure, proper diagnosis is needed. Working outside the capital and outside the few larger cities that have better-developed health services, such as the city of Moshi in the foothills of Kilimanjaro with its Lutheran-supported KCMC hospital, or Mwanza on Lake Victoria with Bugando Hospital, owned by the

Catholic Church, the situation forces them to use diagnostic methods from half a century ago.

There are very few European doctors who work here in Tanzania on a long-term basis. Specialists from Europe of typical professional age can be counted on their fingers. For a doctor, going to Africa to work permanently involves so many inconveniences that those people who choose to do so have a particular reason. The most common is an African spouse. I have met doctors who came into conflict with their environment in their home country and hoped that by leaving they would leave their troubles behind. Unfortunately, since the cause was within themselves, these troubles wandered with them, and sometimes grew to greater proportions in African conditions. It is more common to find doctors who, after a brief stay in their youth, came here having reached retirement age. This gives them the opportunity to work, which would have been difficult to achieve at their age in Europe, and at the same time ensures a high professional position. There are also single people, usually women, associated with the various religious missions that abound in Africa.

A large group, on the other hand, are doctors, coming here for a limited short period. These are usually young people who are completing an internship here, or benefiting from previously established personal contacts. There are also atypical groups of specialists, such as ophthalmologists, plastic surgeons, cardiothoracic surgeons and others who, on

A large group, on the other hand, are doctors, coming here for a limited short period of time. These are usually young people who are completing an internship here, or benefiting from previously established personal contacts. There are also groups of specialists, such as ophthalmologists, plastic surgeons, cardiothoracic surgeons and others, who generally come in a pre-established group in their own country, often including nurses, or other accompanying staff. These groups work in larger cities, in better-equipped hospitals. Their stay usually lasts two weeks and rarely exceeds a month

Wound healing is a problem that affects everyone who operates, or deals with wounds inflicted in a wide variety of circumstances outside the hospital. A great deal of space is devoted to wound healing in the professional literature, and pharmaceutical companies are outdoing each other in offering better and better antibiotics, each presented as more attractive than the competition. The same goes for disinfectant manufacturers, which experienced a kind of boom during the coronavirus outbreak. It has always puzzled me why people are so persistently forced to wash their hands constantly during this epidemic, while the virus is mainly transmitted by droplet route, with breathing and coughing. After all, this was not an epidemic of cholera or typhoid fever, known as "dirty hands" diseases.

I have always been convinced that by succumbing to the marketing procedures of pharmaceutical companies, aiming to sell the widest variety of medications, we forget about the natural immune mechanisms that nature has endowed us with over millions of years of evolution. This does not mean that we should give up antibiotics or antiseptics, but use them when the situation really calls for it. What I am writing about applies to wounds and superficial infections, which the surgeon often encounters here.

At my hospital in Nyangao, we have adopted a rule we called the DIVE rule, because we use English at work. D for debridement, which means cleansing the wound of foreign bodies such as sand, grass, or dead or anemic tissue. I for irrigation, which means rinsing the wound with a strong stream of water from a flexible hose, which further eliminates small and invisible contaminants and allows you to clean the often existing pockets and nooks of the wound that are difficult to reach with gauze. V for ventilation, which means allowing unrestricted access of air to the wound, which contains one of the most potent germicidal agents - oxygen (open treatment).

Finally, E - elevation: elevation of the limb in a feasible way to reduce swelling of contused and infected tissues, and thus prevent restriction of blood flow.

These are no revelations and every surgeon knows them, but understanding the meaning and meticulously following these principles gave us excellent results, regardless of whether we used an antibiotic (and even if we did, we saw no significant difference between the two). This method allowed us to effectively fight superficial, sometimes very extensive, infected wounds. Of course, in patients with additional burdens that impair the natural immune mechanism, such as diabetes, HIV infection, anemia, treated for a long time with steroid hormones, cachexia, etc., there were additional difficulties, but fortunately such cases were few.

Much attention in surgery is paid to healing surgical wounds and preventing infection. The situation is different in developed countries and in so-called developing countries. Why? Well, in the latter, very often the most diverse operations are performed by inexperienced doctors, usually not surgeons. In such a situation, in addition to the long list of so-called risk factors for infection, the way in which the operator performs the surgery comes to the fore. Not very gentle treatment of the operated tissue, causing its ischemia or, finally, lack of good anatomical knowledge, result in infection with all its consequences.

At this point I must share my somewhat shocking experience. Well, it happened to me more than once to operate on a "recurrent" hernia, the adjacent tissue of which showed no signs of intervention, indicating that only the skin and subcutaneous tissue were incised the first time, which were then sewn up.

Leaving a foreign body in the abdomen is one of the surgeon's cardinal sins. The other day we admitted a young woman who had been operated on at a neighboring regional hospital, where a transvaginal removal of the uterus was performed. The Tanzanian doctor operated, assisted by a Dutch gynecologist who was teaching him. The patient presented symptoms of peritonitis and the abdomen had to be opened. For a long time I couldn't figure out what was causing the infection, until I finally noticed a gauze pad stuck in the pelvis on the right side. It's hard to understand by what miracle it got there, because the original operation basically doesn't require opening the peritoneal cavity. After a couple of days the patient was discharged, then after another couple of days she presented again, with even more dangerous-looking peritonitis. The abdominal cavity had to be opened again. This time it turned out that the primary infection, which had been going on for some time, had led to a the formation of numerous abscesses of the right kidney, which had to be removed. Fortunately, the patient survived and applied for

compensation to the first hospital, which I heard she never received.

What I didn't expect at the time was that this was the beginning of a whole series. A few months later, we admitted another woman with symptoms of peritonitis, operated on in that hospital for uterine myomas by the same Dutch gynecologist. It turned out that the cause of the infection was a giant gauze surgical sling.

I went to visit the said gynecologist, informing her of these cases. She showed no great remorse, convincing me that they do everything to avoid such cases, that is, they count gauze and sling before and after surgery. I replied that I, during my long career, had always followed the iron rule I had learned at my hospital in Poland - every sling must have surgical forceps fastened to its ribbon, and every gauze pad can be used as long as it is fastened in the forceps, never loose. This has never failed me. After introducing my method to her, she didn't seem convinced.

Unlucky for me, after a few months, the sling situation recurred again, which forced me to revisit the thoughtful Dutch gynecologist. This time the irrefutable, repeated facts forced her to repent.

Some time later I learned that, undaunted by these events and convinced of her knowledge, together with a German colleague, she wrote and published a manual for future Tanzanian gynecologists. May God protect their future patients.

To close the chapter on foreign bodies in the abdomen, I should add that further such highlights were provided to me by a German doctor from another regional hospital

Let me express here my skepticism about performing laparoscopic surgery by force, in every possible and impossible case. At this point, almost everyone will chuckle at me. I am not saying that this type of surgery should not be performed, but I think it should be used in moderation and with reason. What are the arguments for the superiority of laparoscopic surgery over traditional surgery? In the first place, less traumatization of the shells, and thus faster healing of small incisions and, consequently, a shorter hospital stay. Over the many years of my surgical career, I don't recall the extent of the surgical wound being a significant problem. Of course, traditional surgical wounds take longer to heal than laparoscopic wounds, but if they are a problem, it is secondary to the process that was going on in the abdominal cavity.

Traditionally performed surgery provides the opportunity to better assess the pathology, because we are dealing with the natural three-dimensional image provided by our eyes. When encountering difficulties during laparoscopic surgery, surgeons perform what is known as a conversion, which means little to the uninitiated, and is simply making a traditional incision in the shell and continuing the operation in the classic manner.

It is important to realize that laparoscopic surgery usually takes longer and requires expensive equipment that requires special service. This type of surgery is also not without its drawbacks. It is not a solution that can be used more widely in developing countries today.

I read paeans to robotic operations. They are easily succumbed to by journalists who like to intrigue the subject, and by uninitiated recipients of such reports. Robots are hellishly expensive, but every major center wants to impress others: "we too have a Da Vinci robot". Meanwhile, robotic surgeries are essentially laparoscopic surgeries in which the operator has the ability to manipulate very precisely. Well, one can drive a Skoda, but if one can afford a Rolls Royce, why not?

The fascination with technology, especially its sometimes mysterious sound, has also reached Tanzania. Every better-funded foreign-sponsored mission hospital considers it a point of honor to have, CT, that is, a CT scanner, or even better, an MRI, a device using an MRI. Both of these devices are expensive and require good service, which is hard to come by in the sunken bush. Most importantly, however, these hospitals generally do not need this equipment for their daily work. If, once every six months, a patient comes in who should have such an examination and, importantly, really benefit from the result, they can always be transported to a larger center.

PENDO CLINIC

After finishing my twenty-five years at Nyangao Hospital (I can't believe I spent so many years there myself), I moved to a larger town, the regional capital, Mtwara, not too far from Nyangao. Mtwara is located on the Indian Ocean, 30 km from the Ruvuma River, which is the border with Mozambique. I set up a diagnostic surgical clinic here. Diagnostic, because I did not set out to pursue full surgery.

Anyway, there were no conditions for it, besides, there was only one young surgeon, my former student from Nyangao Hospital, working in Mtwar, the regional hospital. That's not enough for a city of about 100,000 people and a region with a population of more than a million. To enable the local population to remember me more easily, I named the clinic after Pendo. My employees were young, friendly and worked well (except for one person who stole money and whom we had to throw out). We owed the rich equipment of the clinic to a grant from the embassy in the form of a so-called Small Grant, offered by Polish Aid.

Among our patients, unfortunately, there were many non-surgical cases. There were internal medicine, pediatric, gynecological diseases, and finally obstetric problems. The location of the clinic on the outskirts of the city was not conducive to the number of patients. Nevertheless, for more than two years of operation we have gained our loyal patients. This year we have developed a project funded by "Polish Aid" from the Ministry of Foreign Affairs for the early diagnosis of breast cancer. Globally, this is the most common cancer in women. The condition for effective treatment is its recognition. At Nyangao Hospital, we operated on female patients many times, with neglected disease, which could only have a half-effect. We conducted training of Mtwara medical staff and information campaigns, which took the form of meetings with women, in places where they are most numerous, such as the Dangote cement plant, and news on local radio. The campaign had some effect and we will continue it after the project ends.

Here are the staff of my clinic after working on the beach: Niko Clinical Officer, Hasma, Registered Nurse and Margaretha, Pharmaceutical Technician, using our nomenclature. My colleague, to whom I sent the photo, said jokingly that it was worth a million dollars. I didn't ask him why, but I agree with him completely.

VOLUNTEERS

I was recently asked to speak on the phone with a representative of an institution doing a study of the situation of Polish

volunteering abroad. I suppose I was chosen because of my very long period of work abroad and my contact with many Polish, and not only Polish, volunteers. I had a lot to tell them, I had even sent them a list of the most relevant, in my opinion, issues beforehand. However, after some time, when I returned to the matter with my thoughts, I came to the conclusion that I had been too vague in my assessment, and I have now decided to present a more realistic picture.

I believe that volunteering in the version I encountered here misses the point. Our fellow countrymen in the country are later reached by triumphant media reports: how much we have helped the backward, poor people of an exotic country thousands of kilometers away. First of all, these backward countries are mostly no longer as backward as they are portrayed. Many of them, such as Tanzania, for example, have a fairly well-organized, though still underfunded, system of basic medical care. Secondly, rather haphazardly engaged volunteers are not able to do much in three weeks or even two months, which, from my observation, usually shrink

Taking into account the cost of our volunteer's participation, the price of travel, the not inconsiderable administrative costs of the sending organization - this gives a sum close to 2,000 euros, or about 9,000 zlotys. If there are

Two, is from 18000 to 20000 zlotys. Observing in practice the effects of such an expense, I have serious doubts about the sense of such activity. In view of this, in my opinion, shouldn't volunteers have a raison d'etre? In this form, yes, but I also had the opportunity to encounter a differently organized volunteering.

Well, Tanzania, like many other countries at this level of development, suffers from a chronic shortage of specialists, especially outside the larger cities. As a result, many people who require specialized treatment do not receive it. They can't afford to go to the capital, and even there they can't afford the cost of treatment and stay. I witnessed the activities of several well-organized groups of volunteers, representing such specialties as plastic surgery, pediatric orthopedics, ophthalmology, and ENT. They were mainly Germans, but among them were representatives of other nationalities. They came to the same place, usually twice a year, where pre-selected patients waited for them. Such a group includes doctors, nurses and an anesthesiologist. They take with them the most necessary equipment and use the local hospital's operating and bed facilities. Their stay lasts one to two weeks. Organized in this way, the volunteers are able to provide genuine assistance in specialties that an African country is unable to provide.

Polish volunteers donate imported equipment to the hospital

The images of Tanzanian health care circulating in the Polish mass media, created mainly by people coming here for a few weeks, are far from reality. Why is this so? well, the darker the image of this place is rendered, the greater the merit of these people.

COME AND HELP US

This is the title of a book published in 1977 in London, describing the story of English physician Leader Stirling, who began working as a young doctor at an Anglican mission in southeastern Tanzania in 1935. After many adventures in life, he crowned his colorful and unconventional career in the 1980s by serving as the only white minister in the government of Tanzania's first President Nyerere. Why am I writing about this? Well, I had the opportunity to meet Dr. Stirling and even become friends with him. Being a frequent visitor to the Christian Medical Board of Tanzania (CMBT) in Dar es Salaam, an organization representing the health care interests of the Christian church, I often met there an elderly gentleman with a distinctive cane, a slim, upright figure, a striking, aristocratic face and a sharp look. After one of the subsequent meetings, I asked Mrs. Kumpuni, the indispensable secretary of this organization, nota bene Polish, wife of a Tanzanian doctor, who this

crisp old man, pacing around the rooms of the organization's office. Puzzled by my ignorance, she replied that it was our consultant and former Minister of Health, Dr. Stirling. I had heard of this famous figure in Tanzania's medical community before, but did not associate him with a person I knew by sight.

I later met him many times at numerous meetings and conferences, as the Christian Medical Board of Tanzania - CMBT, as well as other Christian organizations, more or less related to health care, were very active in training, organizational activities, etc. From the first moment one felt affection for him, although his appearance and the nimbus of popularity surrounding him were awe-inspiring. We often talked about my hospital in Ifakar, which he knew and had visited in the past, as well as current issues in our community. At our annual meetings of mission hospital directors and administrators, he was always welcomed as an honored guest, and at almost all of them he spoke, if not with a prepared paper, then in discussion. His activity and sharpness of mind was astonishing, even though he was over eighty. When he learned that I intended to continue working in Tanzania after my contract in Ifakara ended, he sent me a letter with offers from two hospitals in the north of the country, which was a pleasant surprise. Later, when we met at the next annual meeting, I announced to him that I had decided on St. Wartburg's Hospital in

Nyangao. He congratulated me and after a while took me aside. He wanted to share with me the latest news from this hospital, which was somewhat shocking. He told me that he knew the area very well, as he had spent more than 30 years of his life there, something I didn't know at the time. I sensed that he was still keenly interested in matters there, including who would take over surgery at one of the two most prominent hospitals in the region.

In Nyangao, his book accidentally fell into my hands. I had heard a lot about it before, but had never managed to get my hands on it before. Not surprisingly, I threw myself at it with great passion. It is not often that one has the opportunity to read a book that describes events going back 40 years, and at the same time know the author and have the opportunity to compare the places and people he describes with the current state.

The book allowed me to get to know Dr. Stirling as an unconventional man, overwhelmed by a sense of mission and passion for action. The author was quite economical with his words (the book is a mere 138 pages), considering that he describes in it 42 years of his interesting life. The reader gets the impression that the author talks frankly about his successes and failures. This is not at all common in this type of publication. I remember several similar memoirs, read back in Poland. Each time it seemed to me that the author, a doctor, was either in a

eternal conflict with the environment, or that he tries to present himself in an extraordinary light. After reading this book, my sympathy and respect for the author grew.

Why do I pay so much attention to this book? Well, the author and some of the people described are personally known to me, and I am in the area where most of the action took place, so I can compare the present moment with what happened 30-40 years ago, which is almost centuries in African history. There is something else. Stirling, without seeking sensationalism, describes the delicate relationship between the English and Germans in what was once German East Africa, from which the latter were expelled twice. Each of these events involved another world war and the defeat of the Germans and the victory of the English.

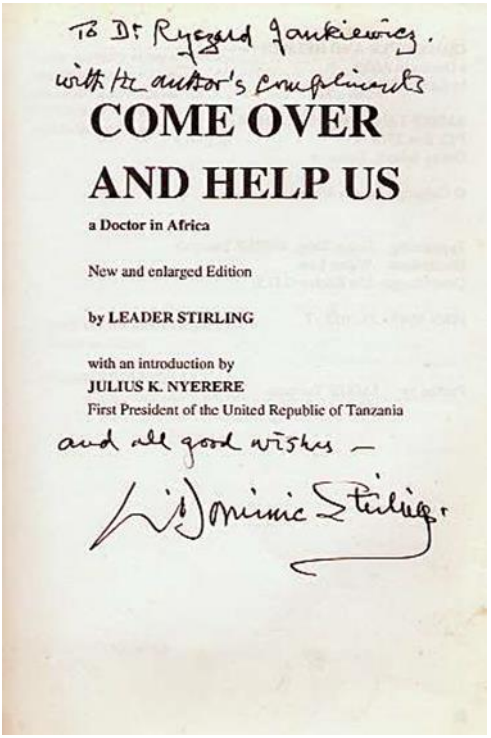
Dr. Stirling, after a brief and fruitless search for work in London, led by a sudden impulse, decided to take the only offer offered. The Anglican missionary organization Universities Mission to Central Africa was looking for a doctor to undertake work in Masasi in southeastern, as it was then called, Tanganyika.

As he adds, "This is not an autobiography, but the story of a young man who over forty years ago

was suddenly summoned to Africa and who never returned from it."

In 1935, he left London and, after a long journey by boat, reached the island of Zanzibar, which is the traditional departure point into the African interior. From there he took a small boat along the coast and reached Mtwara, and then by boat up the Ruwuma River, which is the border between Mozambique and Tanganyika. After a few dozen kilometers, he changed to a disheveled truck and after numerous adventures almost managed to reach his destination. Almost, because a few kilometers before Masasi the truck overturned and he had to travel the last stretch on foot. In Masasi, Stirling met Dr. Frances Taylor, the only doctor in a radius of more than a hundred and fifty kilometers at the time. With two English nurses accompanying her, she looked after not only the hospital in Masasi, but six other facilities in the area, a number of local clinics and two leprosariums. 30- to 50-kilometer journeys were part of the agenda, either on foot or by bicycle, which has a special meaning in the African wilderness. Dr. Stirling was eventually posted to the town of Lulindi, near the border with Mozambique. Lulindi lies on the Makonde plateau, which elevates it 300 meters above the surrounding terrain. The highlands were notorious for their lack of water. In extreme cases

residents had to travel up to 15 kilometers to reach the water source below. In Africa, these duties have traditionally belonged to women, who in many villages spend half of their time carrying empty plastic buckets or other containers one way, then, once they reach the water, wash their clothes, and finally, with a full container carried on their heads and a baby strapped to their backs with a kanga (a type of sling), return home. If I add to this that they move quickly, cheerfully chat with the


To Dr Ryszard Jankiewicz.
with the author's compliments
COME OVER
AND HELP US
a Doctor in Africa
New and enlarged Edition
by LEADER STIRLING
with an introduction by
JULIUS K. NYERERE
First President of the United Republic of Tanzania
and all good wishes —
Dominic Stirling

each other and politely greet those they pass on the road, one can envy their fortitude of mind and body.

After two years of fighting a myriad of tropical diseases, bad weather, lack of roads, electricity, telephone and running water, Dr. Stirling decided to build a hospital in Lulindi. After obtaining the necessary funds in the UK, he built a small hospital using local materials and then equipped it with the necessary facilities. He also opened a school for nurses, which produced the country's first fully qualified female nurse. Prior to that time, the profession was practiced only by men.

Like many other doctors in Tanzania, Dr. Stirling was forced to take care of surgical patients, although he had no special training in this field. In his book, he describes many dramatic stories of treating wildlife victims, difficult, neglected cases, patients arriving too late at the hospital... I won't stop there, however, because not much has changed in this regard, and my observations, which I'll recount elsewhere, differ little from this, although many years have passed. Dr. Stirling is critical of the effects of so-called traditional medicine, which simply means treatment by local quacks. I myself have repeatedly encountered

the tragic consequences of such treatment, and I fully agree with him.

The last time I met Dr. Stirling was in Dar in 1996 at an annual meeting of doctors working in Tanzanian mission hospitals. I had heard that he had been ill recently, so I didn't expect to see him again. He made a pleasant surprise for everyone with his presence. Again there was an opportunity for a longer conversation. Dr. Stirling gave his own talk on the role of faith in the healing process. Although a cough interrupted his speech and the topic was a bit controversial for my taste, he fared far better than the Tanzanian professors who attended our proceedings in large numbers this time. Taking the opportunity

I asked him for an autographed copy of his book. Despite the heat and his failing health, he decided to go with me to the city center where he found his book in one of the bookstores and, after typing a few kind words, handed it to me. On the way he told me how, shortly before the outbreak of World War II, he went to Germany in an open car with friends from England and what adventures he had there. This could be a topic for another book. He is unbreakable!

And yet, no one is eternal. Dr. Stirling died on February 7 of this year at the impressive age of 96. Tributes to the deceased were paid not only by his former colleagues and friends, but also by current Tanzanian President Benjamin Mkapa, who visited his home and family. He was so many years of living history of the country's health service and, on top of that, such an affable and friendly man. He will be greatly missed.

AMSTERDAM SYMPOSIUM

Many years of working in a small missionary hospital in Tanzania are not rich in attractions such as conferences or symposiums, let alone international ones. Therefore, the invitation and subsequent participation in an international symposium on "Surgery

with limited opportunities" was a big event for me, which I do not hide.

The symposium was organized by the Dutch Society for International Surgery and the German Society for Tropical Surgery. The symposium was held from November 14 to 16 in Amsterdam. It was attended by 326 participants from 23 countries. Details, materials and even filmed presentations were included on the organizer's website.

WWW.surgicalneed.nl

I myself presented a paper on "Why should doctors from Western countries come to work in countries with limited opportunities. or why not?" - suggested by the organizers.

Accompanying me, a doctor from my department, a nun, presented the topic "Practical ideas to facilitate work at St. Walburg's Hospital Nyangao in Tanzania."

Our presentations were met with considerable interest and the idea of using fishing line to sew skin and fascia or the local production of colostomy pouches from plastic film as well as many others was met with disbelief combined with enthusiasm.

The symposium was brilliantly organized by a group of young doctors, most of them graduates of a specialization in Tropical Medicine that probably only exists in the Netherlands, combined with the basic surgical knowledge that is usually needed when working in developing countries.

The goal of the symposium was to draw attention to the growing proportion of surgical diseases in the overall prevalence list worldwide, especially in developing countries where trauma cases are increasing rapidly.

Another goal was to look for a way to provide basic surgical care. The disparity between the rapidly growing population and the number of surgeons in many third world countries is growing.

The symposium was attended by significant representatives from the World Health Organization, the World Committee of the Red Cross, Doctors Without Borders, the International Organization of Surgical Colleges, the Surgical Colleges of East and South Africa, and a number of organizations of surgeons and orthopedists.

On the third day of the symposium, there were three workshops: on plastic surgery, external bone immobilization and intestinal suturing. I had my doubts about whether to take part in them having had so many years of practice. It turned out that it was worth it. They were brilliantly organized, the audiovisual theoretical part was followed by the practical part. Sitting in the hall

between friendly young people and trying to practically perform the presented techniques used in plastic surgery just like them, I felt young again as a student, as if I had been unexpectedly transported by a time machine to the years of my youth. It was an extraordinary feeling that I cannot forget.

We also had the opportunity to visit one of Amsterdam's modern hospitals and observe laparoscopic surgery.

What was striking was the efficiency of the experienced surgeon, the fantastic quality of the equipment including very high-definition HD screens. New to me was the method of monitoring a dormant patient called BIS using Echoencephalograph technology and monitoring the state of muscle tension stimulated every few seconds. The most impressive event for me was when a 130-kilogram overweight patient, five minutes after the removal of the tracheotomy tube, still somewhat semi-conscious himself, sat up and obediently followed the recommendation to move to a wheelchair.

The symposium was full of various activities and so there was a joint dinner, a two-hour cruise on the

illuminated by night lights on the canals "Amsterdam by night", a night party with the participation of an exotic group from Suriname. This was not in the official plan, but the impressions of visiting the magnificent museums of Amsterdam need no comment.

If I add to this the meetings with wonderful, warm-hearted people and the fact that almost all the costs were covered by the organizers, it sounds a bit like a fairy tale, especially when told in my hot and steamy Tanzania, a country with "limited opportunities" as the symposium organizers put it.

Africa represents a kind of test for Europeans who have come to work here for an extended period of time, a test of their endurance. The different environment, high temperatures, awareness of exposure to new dangers mean that not everyone can cope. The initial period is especially difficult.

I have noticed that the first two weeks "ride" as if by force of momentum, using up the energy brought from the country. Then comes the hole. Fatigue sets in, the temperature becomes unbearable, small everyday troubles grow to paradoxical proportions and become the cause of conflicts. This is the time when many ask themselves "what am I doing here", "why am I getting so tired"? There are also extreme cases. I know of one such from the old days, when it was very difficult to leave and an expedition, for the sake of adventure and the possibility of improving the financial situation, was the dream of many. Not surprisingly, those who succeeded forgot about the contraindications. One such person was a certain doctor who probably had psychiatric problems at home. Despite this, she decided to go to work in Algeria, and there, after a short time, she developed acute psychiatric symptoms that forced her to be transported

her to the country as a matter of urgency. I myself witnessed the occurrence of such symptoms in two American nurses during my stay in Haiti, where conditions are very similar to those in Africa.

There are also those for whom Africa does not suit them for many reasons, although they chose to go there. One of my close colleagues, a doctor, probably led by my example, went with his family to Morocco. They didn't have ideal conditions there, but they didn't suffer too many problems either. Nevertheless, they decided to cut short their stay and return to the country. He declared that he would never again go to work in Africa and was fed up with examining dirty, and troublesome patients. The wife's account was quite different - she was impressed by the natural beauty and interesting culture of the country, and would love to return there again.

The opposite situation. He, a German surgeon, one of my predecessors at the hospital in Ifakara, Tanzania, in love with Africa, his work and wildlife hunting. She, a nurse who decided not to work and spent all her time at home. They both came to Africa a few years after their time in Ifakar, this time as tourists. One day a stranger knocked on the door of my house and introduced himself as Dr. Moll, whom I knew from stories. During a pleasant conversation, he gently inquired about the chances that he could return to the hospital in Ifakar. He also said that his wife did

hated the place that she decided not to enter Tanzania and waited for him in Mombasa, Kenya. I found out later that after some time he returned to Africa. I don't know whether alone or with his wife. At first he worked in Uganda and later in Tanzania, in a small hospital in the Serengeti Park. I imagine he had ideal hunting conditions there.

So Africa and working here does not suit everyone. People staying in the same place and at the same time can have radically different feelings.

In Africa I was able to meet many interesting and unusual people, which does not mean that in every case positive. The colorfulness of the characters I met here was so great that I began to wonder what is the reason for this. I think there are several. First of all, to go to another continent for an extended period of time you have to consciously break with your current life. This is a huge price to pay. In order to decide to do so, one must have a serious reason. I'll admit that looking at the new arrivals here, I wonder what made them do it. Poles used to be led here by adventure, a desire to break out of the greyness of the country and the opportunity to make money. Sitting on the comfortable chairs of a club in Ibadan and sipping a cool beer after a game of tennis was played, we joked that only the Polish group here was the result of the

positive selection. This was true, at least in part. People who managed to break through the reluctant barrage of such travel by the regime of the time were leaving. For this, one needed cleverness and perseverance, but also the courage to throw oneself into unknown waters.

As for other nations, it varied. One met employees of various UN agencies and other national and international charitable organizations. They usually came for a year or two, three at most, and were not a particularly interesting group. There were others as well. My memories of Ibadan from Nigeria are a particularly good example. There were two groups of Lebanese there. One was made up of Christians, people of European culture, educating their children in private English schools and belonging to the local financial and social cream. The other group was made up of young Lebanese Muslims, who tended to stick together and were visibly poorer. They were all refugees of the conflict that was going on in Lebanon at the time, and Nigeria was an opportunity for them to lead a relatively normal life. I remember a conversation with the young and powerfully built owner of a fine Lebanese restaurant. He told me that he was well off in Nigeria, and the greatest event of his life had happened to him there: he was the official caterer for the Pope during his visit to Ibadan. In Lebanon, he had never

He would have had such a chance. He seemed genuinely concerned about it.

One of my patients was a now somewhat elderly, massive-built Englishman, married to a Nigerian woman who, he claimed, came from a royal family. To be fair, it should be added that every tribe there had its own king, and there were no fewer tribes than languages. The latter were more than two hundred in Nigeria. Both of them were very friendly. After some time I learned, to my surprise, that he was in Nigeria because he was fleeing justice for the murder of a man in England.

I also met a former American consul in Ibadan, married to a Spanish woman, but, to make things more interesting, a citizen of Argentina. He was then one of the directors of Africa's only International Tropical Institute. There are six of them in the world. The others are in Jordan, Mexico and somewhere else. The atmosphere of the luxurious institute through the gossip running around was becoming unbearable for many of its residents in the long run. No wonder they tried to seek acquaintances outside this campus. The man told me many interesting stories, including from his time fighting in the Vietnam War. He was a member of the American Legion, a far-right and anti-Zionist organization that I had never heard of before. His views seemed to me so

extreme to the point of ridiculous at times. All in all, however, they were very nice people.

"Runaways" from the same institute, and also my patients, were another couple. He, a young American researcher, and his wife, a beautiful Colombian woman, literally snatched by him from an order while he was in Colombia. Interestingly, the white, out-of-work ladies at the institute did not tolerate her in their community simply because she had breakfast skin. I would not have believed it had he not heard it directly from them themselves. The Polish group was also colorful. Two young engineers from Warsaw, who were involved in the construction of a LOT skyscraper at home, but then came to the conclusion that it was better to taste more exotic bread. A funny incident happened to one. In the absence of his wife, who stayed in the country, he developed a closer relationship with an attractive Nigerian woman. As soon as the first raptures passed, she demanded economic compensation, to put it mildly. The guy, not knowing the customs, was clearly outraged and sent her away with nothing. One day the wife arrived, and soon after, a Nigerian woman showed up to demand her husband's unpaid debt. This caused a lot of jokes and laughter in our small community. In addition, the perpetrator of the incident, in an effort to salvage the situation, excused himself to his wife, saying that she had persuaded him to do so

colleague. Some of the wrath of his betrayed wife thus fell undeservedly on him.

At the beginning of this chapter, I wrote that Africa requires fortitude from those who choose to come to work. Here are two examples. One day a new Polish family showed up in Ibadan, which immediately caused understandable curiosity. The head of the family turned out to be a middle-aged engineer from the construction of LOT's Warsaw skyscraper (was it some kind of fate?), who gave the impression of being, so to speak, "slightly shot." His wife turned out to be a much younger person, with a pleasing exterior and a pleasant, gentle character. The Creator blessed them with two young children. We visited them in a not bad-looking house and the first impression was positive. It was only later that the awl came out of the bag. It turned out that they came without a contract. He had been hired here by a local businessman, who not only did not pay him a regular salary, but also took away their passport. They had no car, which was unthinkable in those conditions. Admittedly, water occasionally came to the cottage, but they had no light. When we heard all this, our hair went astray. On top of that, there were two small children. Everyone tried to help them in some way, but it was impossible in the long run. Their situation was getting worse and worse. When you talked to him, his unjustified optimism, despite the disastrous

situation, he was awe-inspiring. The only bright spot was his wife, endowed with a truly angelic character. They eventually managed to get their passports back and left, supposedly for Germany. I never heard from them again.

When I arrived in Nyangao to start work there as head of the surgical department, the head of the hospital was a German, Dr. Dieter, an internist. He was a more than middle-aged man who had come there with his non-working wife after he closed his private practice in Germany. He intended to stay in Tanzania for good. From the very beginning, his statements and behavior seemed unbalanced. Once, returning from the ocean with a German doctor accompanying me, I arrived a day late due to a car breakdown. In the morning we went to see Dr. Dieter to explain to him our delay. To our surprise, we heard that he no longer cared. When we asked why, he replied that he had resigned as director. Everyone managed to notice his behavior. When he applied to the bishop for an extension of his contract, the bishop refused him, which caused Dr. Dieter to react hysterically. Insiders said he threatened suicide because he had nothing to return to Germany, where he closed his practice and sold his house.

In April 2008, the shocking news circulated through our small Polish community that the Polish Embassy in Dar es

Salaam is to be closed along with 11 others deployed in various countries around the world due to financial austerity coordinated by the then Foreign Minister.

Unfortunately, the word became flesh. Earlier, the embassy building and the ambassador's residence were disposed of and the remaining small building was rented to the Goethe Institut. We were put in a situation where many matters had to be handled at our embassy in Nairobi, Kenya.

Despite various fruitless protests, the spirit in the nation did not die, and Polonia meetings were independently organized on our national holiday under the slogan "Poland Is Not Yet Lost."

TODAY IN TANZANIA

At first I wanted to give this chapter the title "modern Africa," but that would have been a mistake. Africa is so big and so diverse in every way. So, I will limit myself in my observations only to Tanzania.

It is one of the East African countries, also classified as sub-Saharan Africa. I recently saw a new Tanzanian passport with the addition: East African Union. This union exists only on paper, including the paper of the passport. In reality, instead of developing cooperation, the countries are multiplying the obstacles that divide them. Tanzania has been fighting for years against the unjust decision of the British-German agreement of 1890. According to its provisions, the border with Malawi was established on the Tanzanian shore of the lake of the same name, once called Nyassa. It's hard to believe, but when a Tanzanian walks from the beach into the water of the lake - he enters Malawi territory. On the same lake, a little farther south, the border between Malawi and Mozambique runs properly, according to international rules, down the middle of the lake. Despite all the meaninglessness of the colonial-era agreement, it fails to correct this, despite numerous negotiations by neighboring East African countries. Seven years passed between my stay in Nigeria and my re-entry to Africa to Tanzania, but I still could not get rid of the

a frequent comparison between the two countries. Nigeria is located on the Gulf of Guinea in West Africa, while Tanzania is in the middle of East Africa on the Indian Ocean. In retrospect and in my experience, I call Nigeria the not-so-scientific true black Africa, full of the most diverse tribes with their various languages and colorful and sometimes mysterious rituals, while very poor in fauna. In contrast, the people of Tanzania, despite the existence of different tribes, are united by a common Swahili language and associated culture. It has been under Arab and Indian influence for centuries, and remains so today. In more recent times, Tanzania was part of German East Africa for forty years before coming under the protectorate of Great Britain. All this has resulted in the mentality of the average Tanzanian being very different from that of a Nigerian. At the end of presenting the differences, it should be added that Tanzania, unlike Nigeria, is rich in fauna, its national parks are full of animals. Unfortunately, visiting them by a visiting tourist is becoming increasingly expensive. Climbing Kilimanjaro, including all fees, now costs more than $2,000. Many years ago, as a so-called resident, I paid as little as 40000 Tanzanian shillings, which was less than $50 at the time.

Tanzania has been in vogue for some time, mainly because of Zanzibar, an island that since 1964

year is part of Tanzania and, after joining, led to the country's name change from Tanganyika to Tanzania.

As is well known, Zanzibar is a magnet for our celebrities. Admittedly, there are beautiful beaches there, and the white sand in the shallow waters, illuminated by the sun's rays makes the waters sometimes emerald in color. However, there is no rose without thorns. Zanzibar is characterized by the same tides as the rest of the coast. As a result, for many hours during the day, swimming is virtually impossible. Many hotels have been built on the island - the prices are high and the standard is not up to par with hotels on the European or North African coasts. I was recently in Zanzibar City, also referred to as Stone Town. I was there more than 20 years ago and it looked better then. I don't want to spoil the reputation of this famous precinct of our exotic-thirsty celebrities, but if I had to decide for myself, I would choose something lying closer without tides in the sea and a higher hotel standard.

Tanzania, on the other hand, has undisputed pearls of tourism - the famous National Parks, located mainly in the north of the country. Headed by Africa's highest mountain, Kilimanjaro, which is almost 6,000 meters high or

The 20-kilometer-long, extinct NgoroNgoro crater, filled like a natural zoo with all sorts of animals. It is reminiscent of the novel The Lost World of Conan Doyle.

Tarangire Park with elephants, zebras and a forest of baobabs, Lake Manyara with hippos emerging from the water, zebras entwining their necks in a loving embrace and many other representatives of the local fauna. Finally, perhaps the most famous, the Serengeti Park, with its famous seasonal migration of thousands of animals across the river and other attractions of bygone eras. A little farther away, near Iringa, the little-visited Ruaha Park. The famous Gombe Stream Park, located on Lake Tanganyika, is known for its chimpanzees and the story of Jane Goodall, who spent 60 years there conducting research on them.

Oddly, they don't generate as much enthusiasm as Zanzibar. Visiting them is more expensive and complicated, but they are one-of-a-kind attractions.

There are many valuable minerals like gold, precious stones tanzanites and diamonds. Recently, Tanzania has been exporting coal, including reportedly to Poland, loading it onto ships in Mtwara, and it also has very large deposits of gas, which are only marginally used, but there are nevertheless concrete plans to intensify its extraction.

However, this is not what determines the country's development. They are mainly sound governance, the absence of social tensions or wars. Tanzania has a future that looks better than neighboring countries.

It is a country that cares about order and cleanliness in the streets, which is best seen in Dar es Salaam where there are plenty of doddering sweepers. What may be controversial, thin plastic bags are not allowed, there is a penalty for this. In passing villages and towns you can see huge nets filled with thousands of plastic bottles before they are transported to disposal sites. When buying anything in a store, even a bottle of wine, you never get it in your hand and always in a paper bag. Strange country.

I HAD A HOME IN AFRICA

Wanting not to, a person looks for analogies for his situation in familiar examples. When I read the unforgettable passage from the first pages of Karen Blixen's book Farewell to Africa - "I had a farm in Africa at the foot of the Ngong mountains" - I think to myself that I too have a home here, admittedly not a farm, and I have lived in Tanzania much longer than she did.

In the beginning, right after I arrived at St. Francis Mission Hospital in Ifakara in 1991 (I had a

become its director and at the same time head of the surgery department), it was not a house, but an apartment on the first floor of the hospital buildings. It was quite comfortable, and had a view of large avocado trees and paved paths at the back of the hospital, covered by a corrugated metal roof to protect from rain and sun. Although living there was not bad, I was awaiting transfer to a house "occupied" by the outgoing director, a Swiss. His stay grew longer and longer, and I was losing patience with each passing moment. Dr. Frey, who had been dissatisfied with his work since the beginning of his two-year stay and had demanded that Solidarmed's sending organization shorten his contract, when the time came to leave, incomprehensibly to me began to delay his trip. I suspected that in the meantime he had changed his mind and wanted to stay longer.

Finally he left, and I moved to the "director's house." The house had its own special character. It was a solid red brick structure, similar to the neighboring buildings: the church, the rectory and a large building owned by the sisters. All of them were arranged around a large traffic circle, to which roads from four directions converged. The house could barely be seen, as it was obscured by densely planted, large trees. Despite being old, it had something like a veranda with a small fountain erected by the

predecessors and no small surprise - a tennis court. Everything was the work of Dr. Schoepf from Austria, who lived there while building this hospital years ago.

Inside stood old, sturdy furniture and there was semi-darkness because of the shade trees. The house undoubtedly had its own style. The kitchen was located in a separate building, and the door to the hallway leading to it was usually closed. It would get busy in front of them at 12 o'clock, when the church bells began to ring. This was a signal to my predecessor's inherited dogs that it was lunch time, so they would begin to gather nervously in front of the door leading to the kitchen Suddenly the door would open and a cook in a white apron would appear, carrying in both hands bowls of ugali mixed with small dried fish called dagaa. The dogs would pounce greedily on the food, and the whole ceremony was repeated at the same hour every day. Ugali is cooked cornmeal, a staple meal for Tanzanians, In Italy it is called pulenta, and in the Balkans it is called mamaliga.

Once, local boys brought me a small baboon, which I decided to buy from them. He was so dependent that for a while I had to feed him with a pacifier. The monkey grew quickly and became more and more active and troublesome. In the mornings it would sit on the metal window rail on the garden side and demand obtrusively that I invite it to breakfast,

Which she saw on the table. At first, I was afraid that my two dogs would kill her, but the truth turned out to be quite different. Well, the little baboon terrorized the two big dogs and rode them like a horse.

While they waited outside the closed door to the kitchen for dinner, the monkey would sit on one of them, while when food was served, she would scoop ugali out of their bowls with her paw and they wouldn't even growl. It was enough for my little baboon to see a group of people, usually boys with bicycles, and he was already staging all the fun. He would jump on their shoulders and heads, on the saddle of the bicycle and had a great time doing it.

Unfortunately, as he got older, he became more and more difficult to handle. He wasn't allowed in the apartment, but he also made so much of a mess in the garden that I decided to finally get rid of him. I took him to

car and drove him a few kilometers away, into the bush. I left him alone, hoping he would stay there, and headed for the car. What was my surprise when I noticed that he was following me. There was nothing left to do but to take him back. Finally, I found another solution. I called the boy who sold it to me and he said that he would get the same amount as when he bought it if he took it with him. It worked. Unfortunately, I don't know what his further fate was. The house in Ifakara was adjacent through a fence to the large, five-story building of the Capuchin mission from Switzerland. There were several of them and they were all constantly busy with something. I became especially friendly with Father James. He was older, of fair build, with a white beard. He evoked my associations with Hemingway, known to me from photos. He had two passions: one was farming, practiced on the vast fields of the mission, and the other was hunting. There was so much land that he couldn't manage to farm it himself, so he rented it out to interested Tanzanians. From time to time he would leave in his pickup truck to hunt buffalo. His return was eagerly awaited by many locals, as he would bring back the buffalo's calf, which, soon quartered, was shared among those willing to do so. Both activities fostered an understandable popularity among the local population.

I'll never forget sitting on a bench near my house one evening and

we had long conversations, I told him that after so many years of helping people in the mission, he must have many friends here. He looked at me and unexpectedly said, I don't have any friend here, they are just waiting for benefits from me. This was the beginning of my stay and it made an unpleasant impression on me, so I began to ask myself what, therefore, awaits me here in turn. In retrospect since that conversation, I can say that I do not share his pessimism at the time.

When I moved from Ifakara to Nyangao four years later, I lived for many years in a comfortable bungalow built years ago. It was surrounded by a small garden and a net. I had only two steps to the hospital.

After many, many years of working at the hospital in Nyangao, I finally had to end that chapter. I moved to Mtwara, 130 kilometers away.

located on the shores of the ocean, close to the border with Mozambique. Here I managed to buy a plot of land in a decent neighborhood for relatively little money and slowly, at not too great a cost, built a house. I also built a small house for my servant, which I later decided to use as a small clinic. I must add that before I became a doctor, I was interested in architecture. Unfortunately, in the days of my youth, an architect didn't have much of a field and I eventually decided to go into medicine and general surgery, continuing the family tradition.

I planned the house and accompanying cottage myself, with all the details, using the fantastic Google Sketchup program. All the furniture, cabinets, shelves, etc. were planned in a similar way. Immediately after it was built, I lived in it and was finally able to confidently say - "I have a home in Africa".

DECORATION

Quite unexpectedly for me, I learned that I had been awarded a rather high state decoration. In addition to me, the honorees were the last resident of the nearby Tangier refugee camp in Arusha, now of advanced age Mr. Edward Wójtowicz, a refugee from the Soviet Union with Gen. Anders, and Mrs. Grazyna Tairo an activist of the Tanzanian Polish community and wife of the Honorary Consul of Poland.

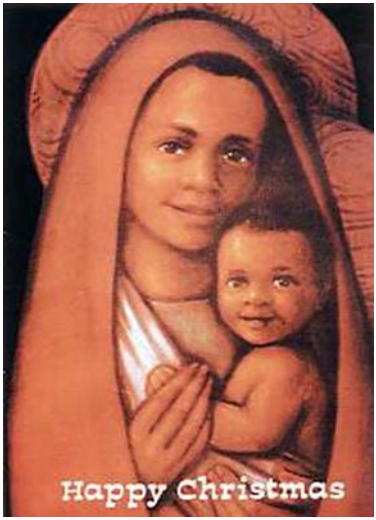
I must add that I felt honored and moved by the fact that my many years of surgical work here literally in the sweat of my brow was recognized and honored. I try my best to help the people here who, in practice, mostly do not have the chance to seek this kind of help elsewhere. It gives me enormous satisfaction and the patients are grateful to me and know that I am Polish.

A few more words about visiting after more than twenty years the cemetery of war refugees in Tangier, near Arusha. The British during the war offered temporary shelter here to Polish refugees from the

Soviet Russia who got out of it with Gen. Anders. Once neglected in the middle of the bush, today it is surrounded by a wall with a building containing information boards.

Only at two cemeteries I visited did I experience similar emotion. One was the Monte Casino cemetery and the other was this very cemetery. Both remote from the country, both with Polish names on the tombstones of those who so desired to return to Poland, and both documenting the tragedies of our nation.

CHRISTMAS IN THE TROPICS



We are so attached to our Polish Christmas, and especially Christmas Eve, that anything that deviates from this tradition is difficult to accept. My own experience confirms this.

Some of my most memorable Christmas Eves in Africa were the one in 1981 in Ibadan, Nigeria, and the first in Nyangao, Tanzania, in 1994.

I went to Nigeria for the second time with my family in late November 1981. Just leaving the country was full of uncertainty and excitement. Solidarity was gaining momentum, and the regime was floundering with conflicting orders. At the last moment before leaving by train from Bydgoszcz to Warsaw for the airport, we learned that a general strike was about to break out. Until the last moments, it was unclear whether we would be able to leave. In the end, we somehow managed. After two weeks at the Oluyoro Catholic Hospital in Ibadan, on December 13 we received from representatives of the local

Polonia the news that something bad had happened in Poland. At first we didn't know whether it was the invasion of Soviet troops, which was feared at the time, or whether something else had happened. Listening alternately to various foreign stations, a picture of what had happened slowly began to emerge, although still very unclear. I remember almost tangibly feeling the ground remove from under my feet. I experienced the impression that I had lost my homeland. Today it sounds very pathetic, but that's how I felt it. What will happen to us now? What will happen to our loved ones left behind in the country? This mood of despondency and uncertainty lasted until Christmas Eve and completely dominated it. We listened to the radio, thought about our families, ate fish in jelly, thawing in this heat at an alarming rate, drank a few glasses of vodka brought from Poland, which soon reached the temperature of lukewarm tea, and tears streamed from our eyes.

I arrived in Nyangao, Tanzania, in the last days of November 1994, to start work from the first of December. This was my mistake, as it was necessary to spend the holidays in Poland and start work from the new year, but I succumbed to the persuasions of my new employer. From the beginning, I encountered an unfriendly atmosphere at the hospital. The then director of the hospital, a German, declared in the first ten minutes of the conversation that he was a former prisoner of the Polish camp in Gliwice,

established after the end of the war and was treated very badly there. Tired from the trip and unprepared for such a reception, I forgot my tongue, although I should have replied to him that he was very lucky anyway, because few Polish prisoners from German camps would have a chance to be in Tanzania today. He and his family and another German doctor were having a Christmas Eve party, and I was left alone in my small and hellishly hot house. I lit a candle, pulled out a bottle of sweet mass wine, which was the only alcohol available in the mission store. For food, I had a can of sardines, which went completely wrong with the wine. I had great memories of Christmas Eve spent in Poland and abroad, so I quickly came to the conclusion that this was the worst Christmas Eve of my life, and I probably wouldn't experience a worse one again. At the beginning of my stay, I gathered several times to leave, but things gradually began to fall into place. Dr. Heinrich first resigned from his position and then was forced to leave, despite his hysterical reactions. The German gynecologist turned out to be of Polish descent, and although she did not speak Polish, we became very friendly. The situation improved dramatically, and I persevered in that hospital for, horror of horrors, twenty-five years. My subsequent Christmas Eves resembled those spent in Poland.I had the opportunity to experience Christmas Eve with representatives of different nations and observe their

traditions. However, there is no other country like Poland, where the evening is filled with such a dose of family warmth, extremely rich and beautiful traditions, almost mystical atmosphere. (Of course, it depends on the home and family).

The harbinger of the approaching Christmas in Poland is the first snow. Here, on the other hand, it gets hotter, and precisely since Christmas Eve, heavy rains start to fall in earnest. The season for excellent mangoes and pineapples is underway. Acacia trees bloom red, which for this reason are called the Christmas tree here. Driving down the main street in Mtwara, planted on both sides with these trees, until your eyes hurt from the bright red of their flowers against the blue sky. Interestingly, these trees hardly

have leaves. The only trouble is sometimes with the Christmas tree. However, I managed to find a tree that somewhat resembles it, nevertheless mainly by smell, because its appearance is different by its very long and soft needles.

I was asked how the natives in Tanzania spend Christmas. Nothing special. Here, in a small village under the strong influence of the Catholic mission, some European customs are slowly being adopted.

On Christmas Eve, the church hosts a solemn Mass with a live nativity scene played by parishioners. Even the Lord Jesus is "played" by an authentic newborn baby. Swahili carols are sung. Many people come to the Christmas Eve Mass, pumped up with a local liquor called tembo or pombe, which is even more reminiscent of our midnight mass. Children receive new clothes as gifts at Christmas, but not a Christmas tree, because there simply isn't one here, and this custom is unknown.

Christian Christmas in Tanzania is preceded by the Muslim festival of Eid al Fitr held three weeks earlier, ending the fasting period of Ramadan. Tanzania recognizes both religions, which live in harmony with each other here. As a result, we have many holidays: Christian, Muslim and national holidays. During Christian holidays, Muslims extend their wishes to Christians; during Muslim holidays, vice versa.

Let me go back for a moment to another earlier place of my wanderings, Haiti. As I mentioned it is one of the poorest countries in the world, on top of being constantly touched by some kind of cataclysm I had the opportunity to spend Christmas in Haiti, which also stuck in my mind.

Admittedly, it is not Africa, but the similarities to Africa are many. This is partly due to the fact that the population is black, as they are the descendants of slaves brought to the sugar cane plantations years ago; and besides, the climate here is equally hot.

I landed there at the beginning of December 1978 and, to my dismay, was immediately involved in the hospital committee preparing the Christmas holidays. Original ideas were expected of me, while I had none. Wanting to live up to expectations, but gripped by quite a few doubts, I proposed a night party in the pool, by the light of candles spread around, along the lines of the one once organized for Easter in Nigeria. To my surprise, the idea was met with applause and full satisfaction from the participants. Among the hospital's nice traditions was a Christmas lunch on the first day of the holiday, organized for the entire staff by the owner's wife.

There was also a place to exchange Christmas culinary experiences, as the hospital staff included representatives from many countries. I also shared our culinary traditions. However, no one topped a pair of Canadians who stated that their Christmas tradition was to buy Chinese take-out food.

A TRIP TO THE CAPITAL

It was a long time ago, at the beginning of my work in Nyangao, when the road to Dar es Salaam had no hard asphalt surface.

The rainy season is not the best time to travel by car from our sunken

south of Tanzania to Dar es Salaam, it is generally impossible for most of this period. The remaining options then are a plane from Mtwara, which is expensive, however, or a ship, which sails irregularly and takes as long as 26 hours to make the trip. The not too heavy rainfall and the enticing prospect of easily getting around the Dar in my own vehicle encouraged me to make an unusual decision: "we are going by car." The distance, for African conditions, is not large, at about 550 km. The problem is posed by the road surface. Apart from the first and final 50 kilometers of asphalt, it is a road through the bush in all its varieties. Added to this is a ferry crossing of Tanzania's largest river, the Rufiji. In the dry season, it takes 11 to 12 hours to cover this route by strenuous driving, almost without stopping. was without rain, despite overcast skies, and the intelligence gathered from bus and truck drivers led us to believe that the road was passable. We left early in the morning, at five o'clock, when it was still dark. At six o'clock, as it is in the equatorial zone, it began to clear up and after fifteen minutes it was light enough to turn off the headlights. We stopped several times along the way to drink cold water from our plastic bottles. We usually set out with water frozen on ice. My African experience has taught me that the best meal along the way is fruit, oranges, tangerines, bananas. They quench your thirst and don't weigh down your stomach, which in this hot climate would immediately cause drowsiness.

Excellent A drink along the way is also madafu, the juice of the unripe coconut. It contains a certain amount of calories and potassium. I don't know if it's the power of suggestion or the actual effect, but when I happened to quench my thirst with this juice - when I was tired from a long trip or a night of socializing, which involved drinking more beer - I always felt its salutary effect

The road was worse than usual, with more pits appearing, running crosswise to the road, which had been gouged by the falling rains. Instead, it was dry, except for a few muddy sections. The crossing of the Rufiji was also without adventures. On both sides of the river, where the ferry arrives, numerous stalls, stores, bars, and hotels sprawl along the road. All primitive and dusty. There are usually a few or a dozen trucks packed beyond the limits of reason waiting in line for the ferry, a few large and colorfully painted, derelict buses, and a few four-wheel-drive passenger off-road vehicles. The mzungu, meaning white, is a rarity here, arouses interest and must be on guard, as there is no shortage of thieves between the boiling crowd of passengers and local vendors

Once, driving alone, somewhat dazed by hours of bouncing on the uneven road, I got out of the car, forgetting to lock the door. I went to the riverbank to see which side of the river the ferry was on. Suddenly

a young man ran up to me, asking if the car standing in the distance belonged to me. When I replied that it did, he said excitedly that the car had been robbed. Upset, I set off at a rush to get back. On the way, he started explaining something to me about my luggage, which in the heat of excitement I couldn't understand. When I ran to the car, I saw the door half open. The people surrounding it were showing something that was lying in the middle of the dusty road 50 meters away. I rushed to the spot and found that it was my two travel bags, fortunately with all the contents valuable to me. It turned out that the thief, who, with a sharp eye, noticed that the car was open, jumped into it, pulled out the bags stuck deep behind the seat and dashed to escape. Screams from people who noticed this caused him to throw the bags to the ground in order to flee sooner.

In Tanzania and most African countries, there is an unwritten law that a thief caught in the act is subject to lynching by the crowd that caught him. I have seen such chilling scenes, ending in the death of the thief or merely suspected of stealing. This time there were no such situations, although we did not avoid intrusive solicitations for alms or lifti, meaning a request for a lift.

We arrived in Dar at dusk, after 15 hours of intense driving, with a buzz in our heads and a sore seat. The frenzied bustle of the crowd around the local

Daladal's mini-buses were received almost with disappointment, as it was a sign of the end of the road. Despite the stifling heat, car traffic jams and all the inconveniences, I like this city. It seems especially friendly and attractive to me when I arrive from the bush from under Mozambique. The people here are friendly, the drivers, despite the hellish traffic, sometimes even polite and devoid of aggression, which is so typical of many other metropolises. The Indian-Arab admixture in the East African population has a favorable effect.

I have noticed some changes since my last stay a few months ago. You can see a lot of cleaners on the streets, in orange protective clothing, and the effect of their work: the streets are clean, which is sensational in Africa. Paid parking has also been introduced. After parking your car in the center of the city, even in an unmarked spot, an individual dressed in a business orange kaftan appears and demands a parking fee, the amount of which depends on the time of parking. In doing so, he issues a ticket with the parking time stamped on it. This probably gives the city a nice income, although it is an additional inconvenience for drivers. Modern magnetic card payphones are present at every turn in the center. More and more people are using portable phones. Here and there, points have been set up where one can use the Internet. In a word: the twenty-first century is tentatively entering Dar es Salaam as well.

One of the things I had to do was book a ticket to Europe. I went around many airline representative offices, looking for the best deal. Well, I found it with United Emirates Airline. Not only was it the cheapest and they offer a free two days in a luxury hotel in Dubai on the return trip, but the look of the office and the airline's service beat all the others.

On a busy thoroughfare we had a minor collision. A man pushing a two-wheeler, which was in the adjacent lane, made a sudden movement at the moment of passing, and I was forced to change lanes by only 20 cm. This was enough for the car behind me to tap my bumper. It was a minimal collision and, knowing African relations, I decided to drive on. Unfortunately, after 20 meters I was stopped by the lights of an intersection, which I would have jumped over if not for the car in front of me. I did not see my fault in this incident, but since a white in Africa is at a loss in such situations, I decided to avoid contact with the police at all costs. This would have meant standing for a couple of hours at a busy intersection, surrounded by an excited crowd, and, perhaps, an informal charge to local traffic wardens. After a brief conversation with the co-participant in the collision, I managed to persuade him to pull over to a secluded spot, where we came to a mutually satisfactory solution.

For the rest of my stay in Dar, I drove very carefully. In total, I spent four very busy days there and it was time to return. The weather hadn't changed much, it was still cloudy but without rain, instead it was very steamy and hot. This time, in order to have more time in reserve, we decided to leave early, at four in the morning. As usual, we stocked up on food, mostly fruit, and plenty of drinkable water. Three hours of driving in the dark before sunrise allowed us to reach the Rufiji River crossing at dawn. My concern was the fine drizzle and the leaden clouds, increasingly visible to the south, piling up and therefore in the direction of our ride. My attention was drawn to the large, larger-than-usual number of cars waiting for the ferry. When, in accordance with the right afforded to small cars, I tried to get to the front of the queue, avoiding the standing trucks, I found that this was impossible, as both lanes, left and right, were occupied by them. How, then, were the cars supposed to move, leaving the ferry in our direction? Something was wrong. I asked the man standing next to me and he explained everything to me. The cars had been standing there since yesterday. The ferry was not running due to the sudden rise in the level of the river by a few meters. A few kilometers away, at the place where an Italian company is proceeding to build a bridge, another ferry was supposed to run. He advised to try there. I was nailed by this information. I didn't really count on being able to cross at another

location. So it remained to return to Dar and try to get through to the Nyangao by a circuitous 1,500 km road, through Morogoro, Iringa, Songea and Tunduru. It takes 3 days of very intensive driving, as the last 600 km is a hellish wilderness, except that there is less rainfall in the southwest. Our return home, within a foreseeable time, was therefore in big question. Well, there was nothing left to do but try. We turned around and drove a few kilometers on a muddy road, in an intensifying drizzle, until we reached a branch of the road that would lead toward the planned bridge. After more kilometers, this time on a soft, sandy road. we reached the river. It was big, much bigger than four days earlier, with a very gusty current. On its surface we could see fast-flowing branches and brown foam, traces of a violent downpour somewhere out there in the west. In the middle of the river we saw a ferry, which, with the force of all its engines, was fighting against its brisk current. At the entrance to the ferry stood a huge truck, dumping sand right on the riverbank, immediately leveled by a caterpillar. When I asked if this was normal work preparing the site for the bridge, I was told that it wasn't exactly. Workers were raising the entrance to the ferry on a regular basis because the water was rising so fast. The ferry, on which several people were working, turned back. I found the boss and asked him if he would ferry us to the other side. It turned out that this was impossible without official permission from the manager, whose

office was more than 10 kilometers away. So we were in for another waste of time and a feeling of uncertainty. In addition, it was unknown, Whether in an hour or two the water would rise so much that crossing would become impossible. Brrr, it really was unpleasant, and the clouds were getting darker and darker. At that moment an off-road car arrived, from which a young-looking European got out. The head of the shuttle told me it was their manager. I approached the friendly-looking man and explained the matter to him, adding that there were sick people waiting for me at the hospital. He made a quick decision. He agreed to make the crossing, but it was subject to certain risks: out of the usual four engines, only three were operational, and the current was very swift. In addition, we had to hurry, because if a downpour started, we would be stuck on a temporary, unfinished road, on the other side of the river.

We were joined by two other undersized cars and finally set off. The manager accompanied us on the ferry, and so there was an opportunity for a brief conversation. Construction was to begin as soon as the dry season arrived and the river subsided, and the work was to take 14 months. The entire project was being financed by Arab countries. I looked around the ferry to see if there were any life-saving devices on hand in case of an emergency, but saw only one orange kapok. What would happen if another engine failed? We would be facing a trip through one of the channels of the extremely vast,

70 km wide delta of this river. You can see it perfectly from the plane. These are wild areas, with no chance of reaching the shore. And even if we were to succeed, there was nowhere to go, because the delta is formed by thousands of channels that Swim through standing mangrove trees in the water, all the way to the ocean, brrr.

Fortunately, we made it all the way to shore at the designated spot. It began to rain harder and harder, in fact it poured as if from an onion. At first it was still possible to drive: the road, although sandy, had a relatively hard surface; but as time went by, the puddles got bigger and bigger, deeper and deeper pits filled with water. I drove, of course, with four-wheel drive, often in first and second gear, and therefore very slowly. The road was empty, no other cars. When we finally saw a truck coming from the opposite direction, we stopped it and asked for directions. They were coming from Kilwa, a town two-thirds of our way, and claimed that it was possible to drive through, but with problems. This gave us encouragement, but we had to take into account that when those guys took off there was not so much rain. They took the time to warn us that before Kilva was the worst part of the route, near the village of Schinz.

It was raining harder and harder, and rushing streams flowed across the road - crossing them, you never knew how deep they were. Rushing water can gouge a deep pit

in a short time. At the first stream we encountered, one of the passengers stepped up to his knees into the water and began probing it. However, it is difficult to repeat this every time. Driving into a rapid, stream and sometimes a 20-meter wide river, my heart went up to my throat: "what happens if we fall into a pit and get stuck?", "what happens if the water floods the engine?", "what happens if the rushing water Will it knock us off the road and overturn the car?" There was no one to help us. At one point, a wave of water, parted through the hood, flooded the engine cover and reached the windshield, although the car was very high. I felt the adrenaline rush out, I was hot and had to breathe quickly. My passengers behaved bravely and were calm, but in a fit of desperation I advised them to start praying loudly and invoke supernatural forces, because at times it seemed to me that the natural ones were too much against us and we would not make it.

Having lived through a real ordeal, we slowly began to approach Kilwa. It was still raining, although a little less now, with tropical forest all around. On the road we could not see the people usually walking along it. We reached the village of Schinz. Already from a distance I could see that the road was blocked by three trucks. When we got closer, I saw that one of them was stuck at a 30-degree angle in a huge pit filled with black mud, and next to it stood two others, which were also bogged down, but not so deep. Slipping through the mud, I

walked closer. It turned out that the one stuck the deepest was being pulled out of the mud by a giant yellow caterpillar. Its power was so powerful that, although it seemed impossible at first, the truck was pulled out. Among the numerous onlookers, someone in uniform began waving at us - I recognized my patient in him. An attempt to cross this obstacle awaited me. I engaged a special low gear and, with my soul on my shoulder, set off into the sinuous black ooze. The engine whined, the car started sliding sideways, but we kept moving forward. When we drove out of this several-meter trap, onlookers, giving us a thumbs up, gave us an ovation, and I, in a state of euphoria after another obstacle overcome, responded to them with the same gesture.

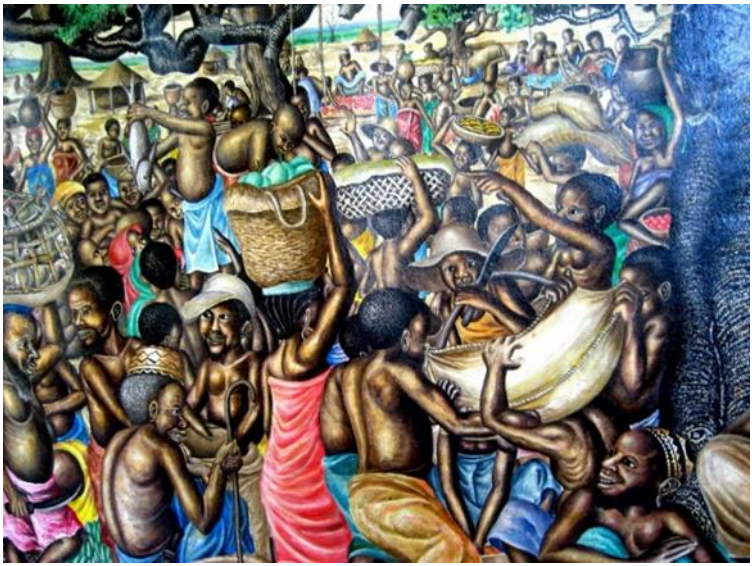
At the intersection in Kilwa, we again asked about the status of the further road to Lindi. We received the answer that it was difficult, but with a four-wheel drive vehicle it was passable. The downpour was over, only drizzling, but another black cloud was preparing on the horizon. While there was not so much water in the air, it was full on the ground. Slippery mud and creeks continued to run across the road. It was already afternoon. I drank water alone, the excitement had killed my appetite. The road now ran through hills. One of them turned out to be bigger, about a kilometer uphill, at a 30-degree angle. Unhappily, the road had a semicircular shape, sloping down the sides to drainage channels in the clay soil, behind which rose an almost

vertical clay wall. Slightly relaxed, I was listening to the radio and suddenly lost control of the sliding car. The car slid to the left into a deep ditch. One and then a second attempt to return to the middle of the roadway failed, and we collapsed into immobility. My heart also froze. What would happen now? I got out of the car, walked around it, sliding on the sticky clay, on three sides; the left side of the car leaning to the left was 10 cm from the high clay wall. If we had slid another 10 cm, we would have been lying on that wall, and the resistance would have been so great that the car would have been permanently trapped. It passed us by, Walking slowly uphill, a woman with a child. We asked her how far we had the village. We received the usual unbelievable answer that it was not far. We asked her to send as many people with shovels as possible, we would pay. She nodded affirmatively, but I knew very well that it meant nothing.

In a frantic merry-go-round of thoughts, I once again decided to investigate the situation. I went down into the ditch with one foot and found that I could not pull her out of the clay. I finally managed to pull it out, but without the shoe, which was still stuck there. When I finally managed to get it out, I looked pitiful, all soaked up in clay. My feet looked like they were stuck not in shoes, but in loaves of bread, there was so much sticky clay on them. Once again I analyzed the situation. Forward was out of the question, I would slip on the wall. I could try to take advantage of gravity and, without

turning the wheels (with my left wheels stuck in the ditch), slide backward. It seemed that 50 meters down the ditch was shallower. I put the car in reverse gear and straightened out the wheels. Surprisingly, the car began to move forward. At any moment I expected the sound of the car scrubbing against the clay wall, but although my passengers occasionally reported that we were a few centimeters away, nothing of the sort happened. Only a few more meters down. The wall was no longer so high, and the ditch was shallower. I turned the back of the car toward the middle of the road and until I gasped: we were on the road I couldn't believe my own luck. Just a few minutes earlier, I had wondered if we would spend three days there, or maybe a week. What will happen at night? Won't we get mugged, which unfortunately sometimes happens? We had a whole mountain in front of us, so I was driving in a special low gear, with my teeth clenched. My passengers prayed aloud and somehow we kept moving. Finally we passed the cursed place. I didn't believe that any truck could take this route, and vowed never to drive that way again during the rainy season.After many more hours of bouncing on rocks and drowning in mud, we spotted the wretched lights of the regional town of Lindi already in the dark. Only 20 more kilometers of gravel road, 50 kilometers of asphalt and we hit home. Upon exiting the car, I could feel the ground swaying beneath me. It was 17 hours of non-stop driving back from Dar es Salaam.

LOCAL TINGA TINGA ART

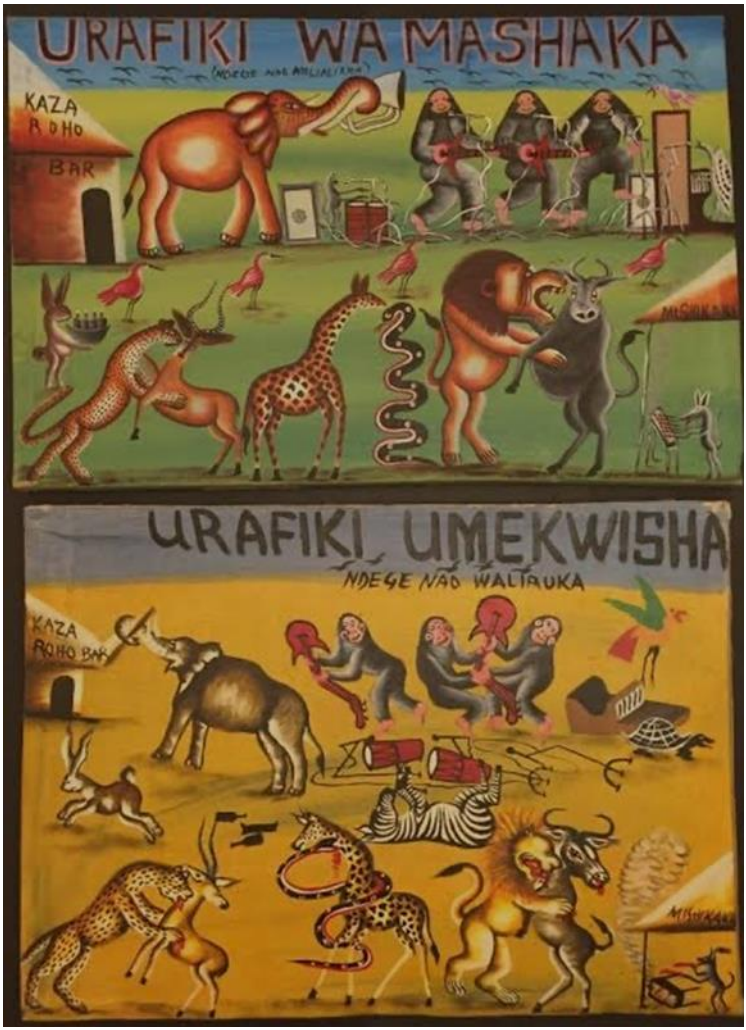


Tanzania doesn't have many major painters, unlike Haiti, where artists earn hundreds and thousands of dollars from their works sold in the States,

Undoubtedly, however, some works categorized as Tinga Tinga style deserve attention, like this expressive painting of a market.

Another interesting picture was the one in the bar of Mrs. Mtupa, a Polish woman who moved here after marrying a Tanzanian studying in Poland.

Upon closer inspection, it may invite some interesting interpretations.


URAFIKI WA MASHAKA
KAZA
ROHO
BAR
URAFIKI UMEKWISHA
NDEGE NA WALIAUKA
KAZA
ROHO BAR

I once managed to see a capital picture by Ting Ting, in which in the lower part animals played in unison in an orchestra, above they began to fight with each other, until finally birds appeared flying in the blue sky. The title under this picture proclaimed in Swahili: "Urafiki umekwisha ndege wanaruka" which meant: "The friendship is over, the birds are flying away." This image comes to mind in various life situations. I was not able to get the original of that picture, the above two somewhat resemble it.

CULINARY AND MORE

Having been out of the country for so long, I sometimes wonder what I miss most from my life there, left behind. The answer is not easy and, as I've noticed, changes over time. I am one of those people who do not suffer from nostalgia. My departure was voluntary, and other than the desire to experience another world, nothing forced me to do so. What's more, I had the opportunity to return on unchanged terms for a long time. With some surprise, I found that as long as I had an interesting occupation (job) and an accepting and friendly environment, I could exist at any point in the world.

However, it is human nature that what one is used to in one's youth remains sacred to the

end of life. This applies to matters and experiences both great and mundane.

I sometimes miss our seasons: summer, during which we try to catch every warmer day and sunbathing rays in Poland; autumn, with golden leaves falling; winter, with white sparkling snow, and finally spring, with unfolding bunches of fragrant flowers.

I miss the smell of the sun-warmed and, thanks to this emitting an intense scent, pine forest, the vast meadows smelling of grass and flowers growing on them.

In the memories of my youth, a sizable place is occupied by culinary experiences. I was fortunate to experience a happy youth, despite the difficult post-war period, thanks to my exemplary three-generation family. My mother, who despite having a profession and a broad general education, together with my Grandmother, made efforts to provide us with a homey and truly family atmosphere. An important aspect of it was culinary matters. Our daily menu was not extraordinary; we ate whatever was currently available. Nevertheless, because mother and grandmother spent a lot of time and their own ingenuity in preparation, I still recall the taste of those dishes.

I must admit that the memory of that minced pork chop haunts me: juicy, well-seasoned, crispy on the outside, served with fried potatoes with brown onions and tomato

salad. Dinner dutifully consisted of three courses. Where are those wonderful cabbage soups, broths, tomato soups and so on and so forth? The third course was a compote of fresh or, in autumn and winter, dried fruits. Who knows the sweet smell of homemade compote of pears or peaches after opening the jar they came in a few months ago? Sometimes there was fresh cake, but that would require a separate chapter.

When I think about it, I wonder why I recall it with such fondness. First, it was a time of childhood, when everything seems fresher and more beautiful. Secondly, my mother and grandmother had not only the knowledge, but also the talent of how to make wonderful dishes out of unsophisticated products; they were able to take the time, the lack of which everyone suffers so much now. In addition, there was something else that I may not very neatly define in my memories. Well, these simplest dishes were "watered" with a sauce of cordiality and family love, which one did not notice at the time, but now, having many personal insights, I see how valuable it was.

Such were the weekdays, nevertheless the real culinary adventures were associated with special occasions such as holidays.

I am a firm believer in Prof. Stanislawski's view from the Pod Egidą cabaret about the superiority of Christmas over Easter. This was less true in the culinary sphere, but

the atmosphere of hallowed traditions and a certain mysteriousness of these holidays has always impressed me.

This again is what I miss here, although I am a realist and realize that little of this could be transferred to Tanzanian soil.

I think our wonderful traditions of this period beat anything I've experienced in the various places I've managed to be.

Arranging the Christmas Eve tablecloth on a layer of hay, extra tableware for the unexpected guest, historic dishes served only on this occasion, such as slivė and kutia (a tradition from Lithuania), red borscht with small mushroom dumplings called ravioli, finally a warm, fragrant compote of dried fruit (it tastes quite different from fresh), hot cranberry kisel and cakes, cakes, cakes. It used to be that no meat was eaten except fish, and so the wonderful Jewish-style carp, Greek-style fish, herring in various spices. After so many years spent abroad, With no way to reactivate these traditions, I guess the only thing left is the Institute of National Remembrance.

Easter is a completely different story. We did well with a short fast before the dedication of baskets of food samples in church. For that there was an orgy of food

afterwards. Where the succulent ham with horseradish and quince, or the colorful eggs that had to be won in a battle to be broken by another person before eating. There were also many other dishes, but then another battle awaited us - Easter cakes, mazurkas, in the preparation of which mom showed true virtuosity. Beautiful and tasty are the traditional holidays in Poland.

After this nostalgic part, it is worth saying what Tanzanians eat and drink. Well, the staple food is ugali is cooked cornmeal what resembles cooked white semolina. This doesn't actually have a taste and is the basis for the essential ingredient which can be mchicha, which resembles spinach, or dried small fish called dagaa or pieces of meat and sauce which is rather rare. This is eaten with fingers, but it is mandatory for Tanzanians to wash their hands before eating. Chicken as well as egg is eaten only because of extraordinary occasions. Once, at the beginning of my stay in Tanzania, I recommended to a patient lying in the room to start eating better, eating eggs and drinking milk. This caused A hurricane of laughter from his companions. At first I didn't understand why. It turned out that for them it was so unreal that it was laughable.

There is beef in a growing number of butcher stores. Pork is a rare delicacy and in order not to irritate Muslims, who now make up half of the Tanzanian community, it is called kiti moto which means hot seat

and is not sold in official stores. Sometimes you can get wild pig ngiri meat. Since the big feast, pilau is eaten. It is rice with pieces of meat, vegetables, and spices. It's a dish that probably came from India.

What does one drink? It used to be a problem in Africa to get clean safe water. Now you can get it everywhere in plastic bottles, including any so-called soft drinks. And what about the stronger drinks? Well, the basic population satisfies itself with so-called pombe that is locally produced beer, which is cheap, has a strength similar to typical beer, but emits an unpleasant odor for the untrained. There is also a stronger alcohol called tembo. Its production is illegal and, from my observations, with prolonged use it is lethal to the pancreas. There are local alcohols for sale like Konyagi, an alcohol rushed from sugar cane of extraordinary purity, devoid of fusillas. Recently appeared a completely good wine called Dodoma because it comes from this region.

IMPRESSED BY THE BOOK

The hassle of buying Polish-language books remotely and the high cost of shipping means that my access to them here is severely limited. That made my enthusiasm all the greater when I unexpectedly discovered a large collection of Polish books at the home of a Polish woman living here, Ms. Mtupa.

Dominant among them were popular science books, which is my favorite reading. I began to read them one by one with great satisfaction. They were mainly new titles from the Proszynski i Ska publishing house brought by a visiting employee of that company. There was a lot on the latest discoveries in astronomy, physics, mathematics and other fields of science. I read them with more or less satisfaction, but one book in particular caught my attention and even captured my mind. Moreover, it changed my perception of the world like no other. It is the most important book I have read in my life! With all my knowledge of biology and the essence of life stemming somewhat from my profession, this book opened my eyes wide and gave me answers to many fundamental questions.

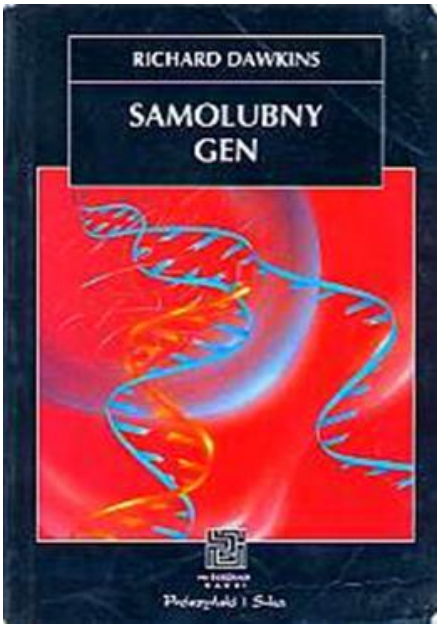
Does life have any meaning? Why do we exist? Who is man? The author gives, in an extremely interesting way, how life could have originated on earth, what differentiates inanimate matter from organic matter.

How the latter underwent evolution leading finally to a rational being endowed with consciousness.

For me, extremely interesting is the theory of "memes" created by him, which explains that evolution at the level of rational being goes on, although in a different way and much faster. It takes place by replicating the information contained no longer in genes but in our consciousness through various means of its transmission like radio, books and storage like libraries or computer disk.

I don't intend to quote the entire book here, but only cite those few passages that impressed me the most or that allow us to see new and unknown aspects of our reality, after which I strongly encourage you to read it in its entirety. I must add that to understand it properly you need at least a satisfactory knowledge of biology at the level of junior high school. This book cannot be read quickly. There are places where sentences require deeper thinking and sometimes reading again. So, what is this book? Probably many of the visitors to my website have heard of it and some have already read it.

It is "The Selfish Gene" by Richard Dawkins, a professor of biology at Oxford University. In the preface to the first edition of 1976 he wrote " This book should be read



almost like a science fiction novel. For it is intended to appeal to the imagination. Its subject, however, is not scientific fantasy, but science itself. He writes "to say that scientific truth is more extraordinary than fantasy is perhaps a cliché, but I completely agree with it. Here we are survival machines - pre-programmed robots whose job is to protect selfish molecules called genes. This truth fills me with amazement, and I don't think it will ever stop, although it has been known to me for years. I hope I can pass on at least some of this amazement to others."

"Recently there has been a trend to reject both racism and patriotism in favor of declaring brotherly feelings toward the entire human species. Liberals, who are such unabashed advocates of the ethics of the human race, often have the deepest contempt for those who have gone a little further in the expanding the reach of its altruism to include other species. If I said that I was more

concerned about preventing the slaughter of whales than improving the housing conditions of the population, I would presumably shock some of my friends. The feeling that members of one's own species deserve more special consideration than members of other species is old and deeply rooted. Killing people on occasions other than warfare is considered the most serious of crimes committed. The only act that our culture prohibits even more strictly is eating humans (even if they are already dead). Members of other species, however, we eat with pleasure. Many of us abhor the death penalty for even the most horrible human criminals, while at the same time we willingly approve the killing without trial of relatively harmless animal pests. What's more, we kill representatives of still other species that do not help us in any way, for entertainment and relaxation.

A human fetus, in which there are as many human feelings as in an amoeba, receives far more honor and legal protection than an adult chimpanzee. And yet the chimpanzee feels, thinks and, as recent experimental data indicate, is even capable of learning some variation of human language."

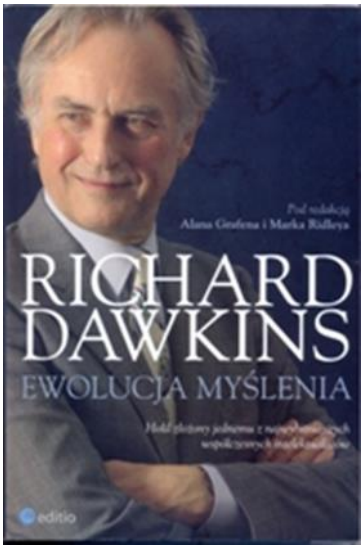
We sometimes ask ourselves why cancers attack old people in particular. Author explains clearly one of the main causes. A gene that carries death to its owner is called a lethal gene. A gene that favors old individuals to contract cancer could be passed on to numerous

offspring, because the individuals would have time to reproduce before they contracted cancer. In contrast, a gene that causes death from cancer in childhood would not be passed on to offspring at all.

Why are we willing to make the greatest sacrifices for our children, somewhat less for close cousins and much less for distant cousins. Our sacrifice, altruism is directly proportional to kinship, and it can be translated into mathematical language, which gives how much of our genes we share with a given individual. For example, our children have 1/2 of our genes, half coming from a co-parent. The same goes for our brothers, sisters and parents. All uncles and aunts, nieces and nephews, grandnieces and grandnephews, half-brothers and sisters have a relatedness factor of 1/4.

The basic feature of genes is that they carry information and have the ability to duplicate themselves by transferring the same information from one individual to another. The structure that allows them to contain this information is the DNA contained in the gene. Individuals carrying genes eventually die. Their lives are a blink of an eye in evolutionary history, while the information carried and thus the DNA structure is almost eternal.

This process is common to every living being including humans.



However, in humans there has been the emergence of something entirely new, which is called culture in the general scientific sense of the word. Cultural transmission is like a higher form of evolution. The unit of information in the process of cultural transmission the author calls a meme in part by analogy with a gene. As an example, the author states " In explaining the theory of evolution, the author uses biology, which is obvious, but he also reaches into many other seemingly distant fields, such as mathematics, sociology, and finally our beliefs. This is a passionate book, even if you read it in temperatures above 30 degrees.

Learning and understanding the process of evolution makes one realize its unparalleled importance. The world we live in could exist without nuclear physics, cars, radios, electricity powering our home, the wheel or even fire on the home hearth, as we know from prehistory, but this living world could not exist without the process of evolution. It is the only one that allows us

to understand where we came from and what direction we are heading.

Dawkins forges memorable phrases and is a fierce irreplaceable opponent of those who cultivate the weeds of superstition. He is a teller of true stories, spinning tales about the inexhaustible treasures of the natural world, ourselves and our roots, according to his reviewers.

And what can I say about him on my own behalf? I know of no other intellectual, author or philosopher who has influenced my perception of the world to such an extent, and I am happy that despite my remoteness from the so-called developed world I was able to familiarize myself with his works and views

TANZANIAN WOMEN

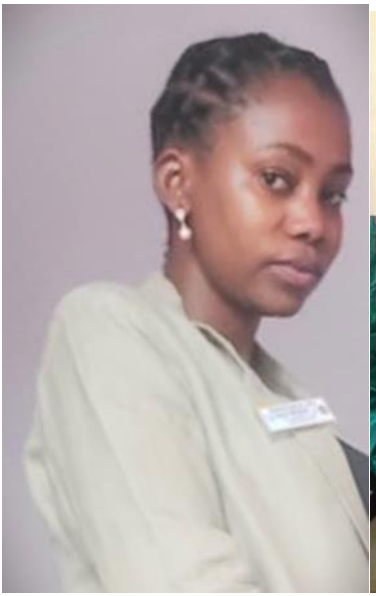
The different situation of women is nowadays the focus of media and numerous organizations. This is especially true for women in developing countries like Tanzania. The traditional role of women, centered on children, family and home, is also undergoing a marked transformation here. Half of Tanzania's population is Muslim, and it appears that the religion is expansive. This entails a traditional, more disempowered role for

women in the society. On the other hand, the state policy, which has its basis in the democratic constitution, ensures women's equality, which is generally observed and implemented.

There are times when traditions prevail. For example, after the death of a husband, a woman does not have the right to decide his inheritance herself, and this role is taken over by a family committee with an elected leader. After the traditional period of 40 days of mourning, it is he who convenes the family assembly, which decides what the widow is entitled to and what is not.

In the marriage document, there is a question of whether it is a mono- or polygamous marriage, which is respected in Tanzania, provided the woman, the first wife, agrees.

A few more similar examples could be cited, but in essence, women's rights to equality are respected. Women study in various fields, it is quite common to find them among nurses, doctors, soldiers or police officers. And also among drivers, especially in larger cities.



Josephine, my ophthalmologist friend on cataract surgery, as an example of women's emancipation in Tanzania.

Tanzania is a large country, more than three times the size of Poland, with a large and growing population, at a rate of 2.8% per year (now numbering more than 60 million). There are many tribes here, and consequently many diverse traditions. The country is home to two main religions - Christian and Muslim.

which, of course, impinges on the upbringing and subsequent way of life of women.

Unlike in many other African countries, religions generally do not radicalize society. Mixed Christian-Muslim marriages are quite common and do not cause any sensation. In addition to these two major religions, there are a whole host of minor ones in Tanzania. Tanzanians, like Africans in general, are very religious and attached to their religions. Some don't eat pork, Adventists pray on Saturdays, while others hold noisy masses during which there is almost hysteria among the faithful.

Two young and very attractive female interns from the Netherlands came to my hospital in Nyangao for a stay of several months. One of the senior staff, a nurse, once asked them why he had never seen them in church for mass. To which they replied that they were non-believers. He couldn't understand this and continued to ask questions: if they weren't Catholic, what church did they belong to. They answered again that to none. To which he, seeking a satisfactory answer, asked: "All right, but when you get married, what will you write in the questionnaire, in the space for religion?". They replied that with them no one demands such declarations. The questioner's consternation was absolute.

. From my observations, the women here have a never-ending hair problem. Most of them would give a lot to have hair like European women. Since this is rather impossible, they spend a lot of time, as well as money, on making their hairstyle more attractive through extremely fancy and time-consuming braiding, attaching all sorts of elements or wigs.

Speaking of enhancing one's appearance, I managed to see a few elderly women of the Makonde tribe with elongated earlobes or a distorted lower lip by pieces of wood placed there. However, these customs are now completely disappearing. There is, however, a custom, both among the local population and Europeans coming from Zanzibar, of painting the skin of the hands with henna, which lasts for a few days, but this is fortunately not a tattoo.

Despite the influence of the changing world, especially Europe, Tanzanian society is traditionally conservative. The crowning achievement of maidenhood is getting married. Among the better-off, this involves an extremely elaborate and expensive wedding ceremony, which includes a large number of participants and the elegant attire of the wedding procession, consisting of a group of women dressed in identical gowns and men in suits. In addition, the extremely elaborate decoration of the hall illuminated by hundreds of lights, the ceremony of sharing a cake and champagne

wedding, and finally a procession of guests carrying larger and smaller wedding gift packages in orderly formation.

Of course, not everyone can afford such a ceremony, but it is the dream of many young nuptial candidates who, because of the need to scrounge for money, delay the ceremony, sometimes for years, although they often live together and already have children.

Virginity before marriage is not socially required, as it is in radical countries

Muslims. Among the thousands of women who have been my patients for so many years, I've only seen traces of circumcision in one, so it's not a real problem in this environment.
Are Tanzanian women very different from European women in terms of their personalities? Rather not. Of course, the influence of local culture, traditions, religion is different, but basically I would say that emotionally they are the same.

ALBERT SCHWEITZER GOLD MEDAL

I don't want to elaborate on the course of the ceremony, I'll just say that everything took place in the beautiful setting of the halls of the Royal Castle and the sound of Chopin's music played live. All awardees were visibly moved not excluding me. We were all given three minutes each to present ourselves and our activities. Mine looked as follows:

Dear Mr. Chairman, Dear Ladies and Gentlemen,

First of all, I would like to say that I feel very honored by this award and thank those who found me in the sunken African bush and decided to honor me, that is, the Polish Embassy in Tanzania and the Polish Academy of Medicine.

The award is named after Albert Schweitzer, Nobel Peace Prize winner, missionary physician, philosopher, musician, who in the early twentieth century decided to leave the developed civilization of Western Europe to bring help in the African bush to those who badly needed it. It's somewhat of a coincidence, but I can say that my life path has become intertwined with the traces of this great man's activities. I had the opportunity to work for a while in a hospital named after Albert Schweitzer in Haiti, founded under the influence of Schweitzerian ideas, by an American doctor Dr. Mellon and his wife. A couple of my close surgical colleagues from Poland

worked in Lambarene, Gabon. As a result, I had, as it were, first-hand information from them about the nature of the work and atmosphere of the hospital there. I myself follow, in a way, his path. I have been working in Tanzania for 15 years as a surgeon and head of a missionary hospital located in the southeastern part of that country near the Indian Ocean and the border with Mozambique. I left Poland as an experienced surgeon, deciding to swap a high-profile position as deputy head of a surgical department in a provincial city for a job in the tropics. It was my independent and unforced decision. Although I am sometimes overwhelmed by reflections of what I could have accomplished if I had not left, I do not regret it. Living and working in Tanzania gave me the opportunity to come into contact with tropical diseases, wildlife victims, and to work with world luminaries in tropical medicine. I collaborated in the testing in Africa of a malaria vaccine developed by Prof. Patoroyo. We studied the complications of amoebiasis in the form of liver abscesses. The latest object of my professional interest is postpartum complications in the form of fistulas between the urinary and rectal systems and the reproductive tract, the bane of third world countries. Former flagship medical problems in the tropics, such as leprosy and African coma, have now receded into the background. Nearly one in ten patients I operate on is infected with HIV. This creates additional problems. AIDS is not only an unresolved

treatment issue. It is also a tangle of unresolved legal, moral or ethical issues. Should it be mandatory for all HIV patients to be tested before scheduled major surgery? Should life-prolonging antiviral drugs be given to those whose behavior raises concerns that they will continue to infect others? Does an employer have the right to require an employee to be tested for HIV before a planned major investment in his professional education, and so on? I wonder what stance Albert Schweitzer would take on these intractable issues these days.

Bringing help to people where no one else can offer it gives me great satisfaction and fills the meaning of life. Sometimes the words of a legendary figure in Tanzanian medicine, English Dr. Leader Stirling, come to mind. He was first a medical pioneer in the country, fighting disease literally in the bush, and then, among many other roles, Minister of Health and the only white in the government of the country's first president, Julius Nyerere. I had the honor and satisfaction of knowing and befriending him. In the preface to his book entitled: "Come and Help Us - A Doctor in Africa," he wrote: "This is the story of a young doctor who was suddenly summoned from England to Africa in 1935 and never returned. Could it be that this was also my destiny? Once again, I would like to express my gratitude for inviting me, decorating me and giving me the opportunity to express these few words before such an esteemed body.

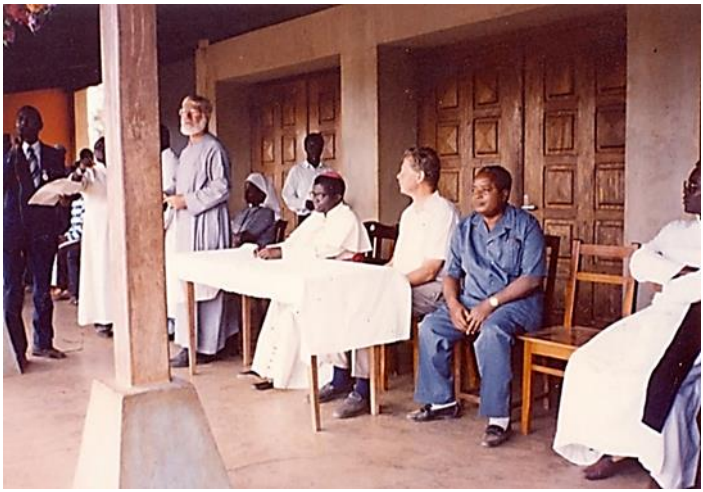
Finally, it's Sunday and the problems of my clinic are no longer on my mind. Even before sunrise I went for a leisurely walk along the oceanfront called here Mchaka Mchaka, which I manage to do once every few days. Recently an impressive street was built near me for such a town, which I call a promenade, because it is covered with asphalt, has wide sidewalks and night lighting with modern lamps that generate electricity with solar panels and turn on when it gets dark. My route leads to a small, secluded beach two and a half kilometers away. Along the way I pass three hotels and the sprawling buildings of a nunnery. On the other side of my boardwalk is the ocean shore, separated only by bushes. The view is beautiful, with the occasional impressive full moon hanging over the western horizon. After about a quarter of an hour, the dark blue sky in the east begins to turn peachy and the sun quickly rises. The air is fresh, it is pleasantly warm but not hot. There is generally no wind or waves at this time. I am passed by people of both sexes running in both directions, usually single, but I often meet fathers with their young sons. Some of them are doing extra gymnastic exercises on the sidewalk, often with music from their phones. From quite a distance I can hear the rhythmic

The chanting of a group of about 20 people dressed in the same tracksuits. At the front runs the leader-singer, and at the side two others, with red pennants for protection from the few passing cars. They all run leg to leg, except for one trailing behind. The runners in the organized group courteously invite me to join them. This way of morning warm-up is popular in Tanzania not only in the military, but also in schools, and is called mchaka mchaka in Swahili. Of course, almost everyone on the boardwalk is Tanzanian, but there are also a few Indians and a few Chinese. There is no shortage of women, often obese, who want to lose weight. Recently I saw something amazing. I observed a female jogger in the distance, with an unusual figure. As she approached, I found that she was a woman dressed from the top of her head to her ankles in a loose black outfit, typical of radical Muslim women, with a small window cut out for her eyes. The outfit was complemented by athletic shoes. Despite the unusual appearance, the passing figure ran not at all gauntly.

Such a run takes me about an hour, undoubtedly produces health effects and sets me up optimistically from the very beginning of the day.

MEETINGS WITH TANZANIAN OFFICIALS

The first place I worked in Tanzania was Ifakara, located in the central part of the country. One of the few railroad lines leading to Zambia's Tazara ran through Ifakara. Ifakara also had a runway for small aircraft used by the MAF (Mission Aviation Federation), to which various officials would occasionally arrive. They were to be welcomed by the town's most prominent representatives as seen here in the photo.



These are the local prominence of my hospital in Ifakar Bishop Iteka, head of the diocese of Mahenge, owner of St. Francis Hospital. Next to my deputy and one of the Swiss Capuchins at the official gathering.

The meeting with the President of Tanzania was unplanned. Seventy kilometers to the west, in Masasi, was the Salvatorian Mission, many of whom were Polish. There were also representatives of other nations, such as Americans and Irish, nevertheless Poles were the majority among the foreigners.

Despite the not-so-long distance and good roads, we saw each other not very often. Major holidays were always a good opportunity to catch up. This also happened during the Christmas

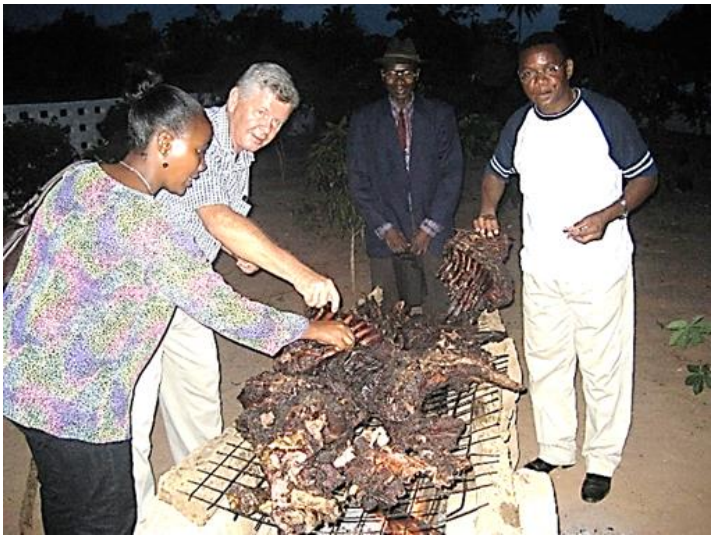
Christmas. A couple of us, including Andrea, an Italian orthopedist who has been working with us for a few months, decided to visit a friendly mission on the first day of Christmas. After driving for more than an hour on a nice paved road, which is rare here, we saw on the right side of the road protruding large, oval-shaped rocks, resembling in shape the famous "sugar head" of Rio de Janeiro. This was a sign that Masasi was near.

Shortly thereafter, we entered a not very charming town, a bit reminiscent of neglected towns from westerns in terms of buildings. The only visual attraction was the aforementioned green at the foot and the steep, rocky hills at the top. Two right turns and we climb up the road leading to the mission. We pass the gate and see a lot of cars in the courtyard, more than usual. So I ask a Tanzanian man who appeared by our side at the sound of our car why so many vehicles. With a concerned face, he informed us that it was President Mkapa visiting the mission and they were just having lunch. Not wanting to be intrusive, I told my fellow travelers that in this situation we were going back. I asked the Tanzanian caretaker to notify the missionary friends that we had arrived, but that in such a situation we did not want to intrude.
My fellow missionaries did not share my view. After a while, the caretaker returned with a request that we notwere leaving, they just waited for the meal to end, and then took part in an after-dinner drink. That's what

happened, too. It turned out that the missionaries were already quite tired of polite conversations with their esteemed guest and welcomed our arrival like salvation. President Mkapa, despite his inconspicuous appearance, turned out to be a friendly and direct interlocutor. He told, which surprised me, that having been invited by the Salvatorians, he had already toured Poland before he was a gift, from the Baltic Sea to the Tatra Mountains. He knows and remembers not only the names of many Polish cities, but also the taste of the Polish beer Zywiec, whose name he was able to pronounce correctly. The president came from a village near Masasi. His family lives there and he spends Christmas there every year. An annual tradition includes visits to the friendly Salvatorians.

At the end, we took a commemorative photo with the president, his wife, the bishop, the sisters and missionaries and other guests.

We were friends with Bernard Membe, then foreign minister.



He was the most serious candidate for the future president. Unfortunately, as a result of some manipulations, he did not succeed. In the photo we are taking part in sharing a roast at his residence in the village of Rondo after a successful hunt.

Minister Membe and Polish Ambassador from Nairobi Sergiusz Wolski tour the Nyangao hospital.

In the next photo, accompanied by visiting Tanzanian generals at the hospital

. TRANSPORT IN TANZANIA

It would seem that there are so many interesting things to talk about in Tanzania that there is no need to deal with matters as mundane as transportation. And yet, you can see something interesting in this as well, especially compared to transportation in Poland. There are huge Chinese buses running between large cities, speeding at high speeds, which unfortunately sometimes end in accidents. Many of them are equipped with air conditioning, and the one I chose, "Buti la Zungu," which, means white man's shoes, has a little more expensive, comfortable VIP seats, separated from the rest. Many of them have TV screens producing intolerable noise and awful movies all the way through. Recently, there's even a USB connection option. The trip to my location, although it takes 8-9 hours, is bearable without much trouble.

During a short stop halfway, you can buy water and other drinks, eat roast chicken, skewers and even fried octopus.

Going back to the price, driving 500 kilometers costs the equivalent of 50 zlotys. Bus transport conditions bring many unexpected and positive observations; there is no shortage of negative ones, which include forcing drivers to go down to special scales that weigh vehicles every few dozen kilometers. This seems utterly pointless, but probably involves charging extra fees.

Another nonsense in my opinion is the transverse humps on the road in all towns and villages built every 200, 500 meters. They are meant to reduce speed, but even so, due to the generally poor quality of the pavement, no one develops high speed in these places and this causes unpleasant bumps for those driving.

Smaller buses, called dala dala, also run between towns. Transportation in the towns is based on bajaj tricycles, imported from India, and, a local peculiarity, motorcycle "cabs" boda boda. Motorcycle drivers stand under every major shady tree, waiting for a passenger. Interestingly, they sometimes take two and sometimes even three passengers.

Driving around Dar es Salaam is hell, there is incredible traffic. However, when I compare it with traffic in Nigeria's Lagos, there is a big difference. Tanzanians drive culturally, they give way as much as they can, making the horrendous traffic bearable. Drivers are not aggressive, as in Nigeria, or in Poland.

In Tanzania, as in many other countries that have been under English influence for some time, there is left-hand traffic.

Accustomed to this order, I once drove on the left side of the road on a minor road in Poland. I was quite tired and completely unaware of it. Suddenly I noticed a car coming from the opposite direction. We both slowed down to almost nothing and only

Then I realized that it was my fault. I leaned out the window and apologized to the driver, explaining that I drive on the left side every day. I scared him a lot - he thought it was some gangster who wanted to stop and rob him on a side forest road.An interesting transportation system, called rapid town communication, is being built in Dar es Salaam. It is financed by the Germans, and the Chinese are supervising the work. The system consists of building a third lane in the middle of two-lane roadways, reserved only for these special buses. No other vehicles are allowed there. Passenger stops are built every few kilometers. In a city like this, this is a massive investment, but the part that is already in operation shows the positive effect.

The vast majority of cars driving here are of the most varied Toyota variety. They are massively imported second-hand from Japan. There is constant construction on the streets of Dar es Salaam. A number of overpasses are being built to facilitate transportation.

What can be said about air transportation? The airport has been expanded. The former building, designed by the French, had a rather interesting architecture, as the ceiling resembled an arrangement of palm tree branches. Now it is used for local transportation and has gained a new companion. It is a very extensive terminal for international flights, built by the Chinese. Local transportation is provided by the private airline

PrecisionAir, with a good reputation despite a recent accident when a plane landed during a a violent storm in Lake Victoria, and state-owned Air Tanzania, which can suddenly cancel flights. Air tickets are rather expensive.

Tanzania has a long coastline of more than 1,000 km. and a pair of ports: Tanga in the north, Dar es Salaam in the middle, and Mtwara in the south. Unfortunately, regular sea communication operates only from Dar es Salaam to Zanzibar and is served by comfortable and very fast Turkish-made ships.

EASTER HERALD

It was Easter Saturday morning in Nyangao. At one moment, through the window I heard the excited voices of a large crowd coming from afar, which aroused my interest. I decided to see what was causing it and headed to the place from where the din was coming. Before I got there, people I met on my way informed me that in the early morning a palm sap collector sitting high in a tree, which is used to make the local pombe beer, spotted an unusual, very rare animal in the grass, called kakakuona in Swahili. Kaka means brother, and kuona means to see, so something like "spotted brother." The name itself was strange, but when I got there, the animal turned out to be even stranger.

It was lying wrapped around a tree and carefully covered with some kind of sheet, which I was told was to protect it from excessive noise. I asked them to remove the sheet, which they did very carefully: to my eyes appeared an animal I had never seen before, not even in a picture. Its body was about a meter long and had a diameter of about 30 cm. The whole thing was covered with scales, resembling the shape of pine cone scales, but much larger. The coiled animal was unfortunately hiding its head and tail. It immediately caught my attention that the crowd of people, despite some excitement over the unprecedented phenomenon, treated the animal benevolently and even with some respect.

They immediately began to explain to me where this comes from. Well, the animal is extremely rare, and many people, especially the younger generation, have never seen it, while the older generation happened to see it at most once or twice in their lives. It was the elders who reported that the animal, when it appears, has a special mission. For generations, they have believed that it is a messenger who brings news and omens about the future.

For this reason, bowls with different kinds of cereals, nuts, etc. are placed on the edges of the spread mat. If the animal approaches the bowl with corn kernels, for example, it will signify its fertility in the coming season. On another edge of the mat lie various tools, including

an axe and machete. If the animal first approached these objects, it would mean that some kind of fighting or war could be expected.

The animal continued to lie wrapped around the tree and chose not to eat the food spread out in front of its nose: rice, daga fish and other local delicacies. People claimed that if the animal moved and performed the divination, ritual dances would follow to celebrate the incredible event. The next day, Easter Sunday, immediately after church, I went to see what had happened to the animal. A man I met on the spot, said with some disappointment in his voice that late in the evening the animal had gone without fulfilling the divination. It was probably found by accident and was not going to pass on the prediction this time.

Knowing its Tanzanian name, I checked on the Internet that the English name for this animal is pandolin, and in Polish it is scaly. It lives not only in Africa, but also in Asia, and its food is insects.

Unfortunately, I learned from television, illegal trapping and smuggling of this rare animal is going on in various parts of the world. I also found photos of its entire silhouette. I was left very impressed not only by the appearance of the unprecedented animal, but also by its intriguing role in the beliefs of Tanzanians.

ZANZIBAR

Zanzibar is Tanzania's largest island. Along with the rest of Mafia and Pemba, it is located a short distance, about 30-50 km, from the shores of the African continent. The very name Zanzibar has something exotic about it. Its colorful history reads like tales from "One Thousand and One Nights."

My interest in the island grew as I expanded my knowledge of it. Zanzibar has been the gateway to East Africa since time immemorial. Since the only viable option for long-distance travel in that part of the world at the time was by sea, the island was a haven for travelers, explorers, traders and missionaries before heading deep into the black continent. There is evidence that Assyrians, Egyptians, Phoenicians, Indians, Chinese, Malays, Persians, Portuguese, Arabs, Dutch, Germans and British called here. Some of them, like the Persians of Shiraz and the Arabs of Oman, remained here permanently, adding their significant share to the existing mosaic of races and cultures. From here, voyagers such as Livingstone, Stanley and Burton ventured deep into Africa. After Vasco da Gama's voyage, the Portuguese ruled the island for another two hundred years from the late fifteenth century, eventually ousted by the Arabs. In the mid-nineteenth century, the Sultan of Muscat Sayyid Said moved his headquarters here and developed a trade practice

slaves. At its peak, the annual flow of them from the depths of the continent through Zanzibar to colonies scattered around the globe was 50000. Zanzibar then became the most significant city in East Africa. At the beginning of the twentieth century, Zanzibar came under British influence, and in 1964, after Tanganyika gained independence, it merged with Tanganyika, henceforth forming an integral part of Tanzania.

What is Zanzibar like today? With its rich history and its visible remnants, it is undoubtedly a tourist attraction. In the mid-nineteenth century, Zanzibar became the largest producer of cloves, as well as a significant supplier of other spices. This is where the well-deserved title of "spice island" comes from.

More recently, visitors have also been attracted here by the beautiful and uncrowded beaches. For mainlanders, it is something of a duty-free zone, where attractive goods imported from Western countries via Dubai and Muscat can be purchased cheaply.

Years ago, setting off from Dar es Salaam to Zanzibar, I chose to travel by Russian-made hydrofoil, owned by a Tanzanian-Russian company. It was a comfortable trip of less than an hour, moderately priced compared to an airplane, without the added attraction of seasickness that invariably accompanies travel by traditional ship.

After arriving at my destination and completing the visa formalities that only apply to foreigners, I was surrounded by a crowd of locals offering the most varied services, such as cab, hotel, tourist office, etc. In the city of Zanzibar there are many

Hotels that offer a variety of standards. In general, there is plenty to choose from. The guide, with whom one makes contact at the port, provides assistance with almost all the problems that a tourist unfamiliar with the island may encounter. The hotel offered turned out to be quite decent. It was located in the commercial district of the city, with a number of stores on the first floor. Decorated in Arabic style, with original furniture and carpets, it gave an exotic and rather pleasant impression. The narrow street where it was located was dragged by a colorful and noisy crowd of bribers and tourists, a mix of races and costumes - African, Arab, Indian and European.
The main tourist attraction is the so-called Stone Town, or stone city. This is its oldest, densely built-up part, with countless narrow streets, thousands of stores and numerous architectural monuments in Arabic style.

Among the peculiarities of this style locally are the ornate wooden doors of the houses, which are an artistic monument in themselves. Their rich carving motifs have their own hidden meaning. The lotus symbolizes potency, the fish fertility, the chain security, the date abundance and the tree wealth. The houses are surrounded by numerous cloisters and balconies, and are also decorated with arched vaults. Among passersby one often passes women dressed in black with their faces veiled and men in long white outfits. Despite the strong Muslim influence on the There is still considerable

tolerance on the island. Some stores and restaurants even offer alcoholic beverages. No one reacts aggressively when their picture is taken, which cannot be said of the mainland. On the street, no one expresses resentment toward casually and sometimes kemptly dressed tourists. Only recently has this begun to change, as the government of Zanzibar has issued appropriate regulations that order tourists to respect local, that is, Muslim customs. I was assured of the honesty of the Zanzibar people, theft is rare here. This is probably due to the historical influence of hard Koranic law.

Walking through the streets of Stone Town, I feel its special atmosphere. Despite the beautiful weather, it is cool between the high walls of the houses. The scents of spices waft from passing stores and restaurants, and the wailing voice of the muezzin comes from the white minaret contrasting with the blue sky. I pass a house on the way with a plaque stating that from here in 1866 Livingstone set out on his last journey deep into Africa. Unfortunately, he did not return from it, and his remains, mummified in the sun, were carried to the village of Bagamoyo on the ocean shore by his two faithful servants after a six-month trek. Then transported by ship to London, they were finally laid to rest in Westminster Chapel.

Encouraged by the interesting appearance of one of the stores, I decide to enter it. Inside, it looks more like a museum. Behind the counter sits an old Arab man with a long white beard, who seems to be busy meditating, rather than the tourists roaming around the store. There is almost everything in it that would interest a souvenir collector. Richly decorated copper sheet metal boxes, necklaces of beads, shells, models of old ships, antique coins, colorful robes. Incidentally, in Swahili I found two words common to the Polish language. They are the word robes, pronounced in Swahili as shati, which means clothes, and egg, which in Swahili is majaj or yaj. I suppose they have the same Arabic source.

On one street corner, I come across a sign that states that the adjacent square once housed a slave market. When I get there, I find that the only thing that can remember those days is an old spreading tree. Beside it in the square stands the Anglican Cathedral.

Toward evening I direct my steps to the Africa House Hotel, once an English club, still displaying remnants of its former splendor in the form of teak and cedar wood paneling, marble staircases and, most importantly, an expansive terrace. Even the name of the ladies' room is exotic - Ladies Powder Room - which freely translated means room for ladies' makeup. From here, a multilingual cluster of tourists, relaxing after an eventful

day and sipping a cool beer, savor the view of the The sun setting behind the ocean horizon.

Through the dark and quiet streets at this time I return to my hotel. However, before I reach its cozy interior I decide to satisfy my hunger at a street bar: chicken roasted on a grill, to which I sip cool and sweet juice from sugar cane squeezed on the spot.

The next day's stay in the city continues with a tour of the stone city, a small but interesting historical museum and an evening at Jamahuri Square. It is bounded on one side by the island's loftiest building, the former sultan's palace known as the House of Wonders, or House of Wonders, and on the other side by the ocean shore, overlooking the harbor and circling ships. This is another rallying point for tourists, as you can not only relax here, but also sample local delicacies such as mishkaki, a kind of shish kebab.

In addition to visiting Stone Town, Zanzibar's tourist attractions include the so-called spice tour, which is a tour of plantations of plants that produce spices. Walking among the tropical, lush vegetation, I have the opportunity to see how clove trees and vanilla bushes grow, I taste the bark from a cinnamon tree, and finally, following the example of other visitors, I let myself paint an ornament on the skin of my hand with the juice of a broken twig from some trees. An original and for many days indelible drawing is created.

There are many ruins worth seeing in the northern and central parts of the island. Among the more interesting are the remains of Sultan Barghash's Maruhubi palace, along with a harem for his ninety-nine wives. Each of them had a separate room, equipped with a mini pool. Impressive baths and the remains of aqueducts still give evidence of the hygienic care and technical skill of the island's rulers of the time.

In several places on the island's coast, you can visit large natural caves, which were used to hide captured slaves from their onward journey. They were used at the time when the slave trade was officially banned, but still took place illegally.

Tourists weary of the intensive sightseeing of the city, surrounding ruins and plantations are treated to beautiful beaches stretching mostly along the east coast of the island with coral-white sand, emerald ocean water and decent accommodations. Picturesque-looking sailboats await those willing to be transported to a coral reef a kilometer offshore, where you can watch dolphins, or to an islet with giant tortoises.

This idyllic image of Zanzibar was left in my eyes dimmed by the latest news and movies watched. They concerned the 1963 revolution in Zanzibar. In the run-up to the union with Tanzania, a young man appeared on the island who, sources reported, had come from Uganda. His name was Okello. He declared himself a field

marshal of the revolution and took over its leadership. When he was asked who gave him this military title, he replied that God Himself. He distributed the 800 rifles he had acquired out of nowhere and declared that the time had come to pay for the years of slavery. In one day, 4,000 innocent Arabs and Indians were murdered, not excluding women and children., this was almost 60 years ago.

Today's Zanzibar, despite becoming an increasingly popular point on the itineraries of international tourism, still retains its unique characteristics, and for those who have visited it, leaves indelible memories wrapped in the scent of cloves, cinnamon and vanilla.

I originally did not intend to make my book a place of personal ascendancy, yet in this case I decided to break that rule.

On November ninth, my Mother died in Lubartow. For almost twenty years she had lived alone in our family cottage, eight thousand kilometers away from me. Despite the fact that life did not spare her painful worries for those closest to her, she was happy. These are not idle words. Mom derived happiness and a sense of meaning in life from the fact that she deeply loved her loved ones: her husband, her sons, her grandchildren, and cared for all of us as much as she could. But also from the fact that she tried to help even those further away as much as she could - she had many warm and appreciative friends. She had a talent for making contact and friendships with many people. Thanks to this, I had the opportunity to encounter and meet many interesting visitors, from the country and the wide world.

Mom cultivated traditions and recalled family stories about people who had passed away and family places that had to be abandoned because of the war. Thanks to her, the home of my childhood was a place where I experienced feelings of warmth and love.

Mom was endowed with a deep intellect and knowledge, she read a lot of books, and nature spared her senile senility until the last moments of her life.

With my friends from her youth who visited her regularly, she could discuss current social and political events over morning coffee, never giving up her own, often differing, point of view. Surprisingly, though, she was interested in all events to the end, including a rare passion for sports matches watched on TV at that age.

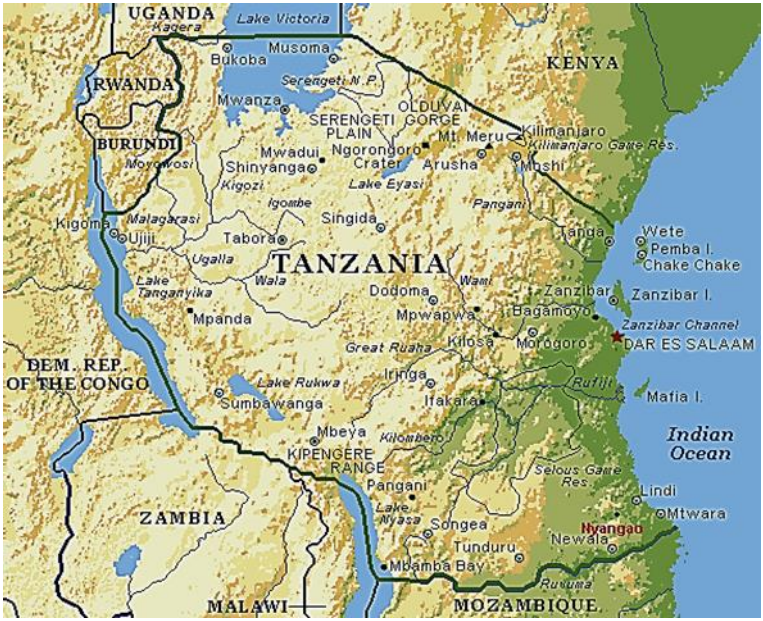
I'm touched that she eagerly collected my letters, written to her from Africa and various other parts of the world, by volume so that, following her advice, I could use them when I set about describing my adventures. I have now brought them back to Tanzania and have promised myself that I will do so.

Despite all my independence in perceiving the world, the longer I live, the more I recognize how much she has influenced me with her views. I must add that, being a person of a gentle nature, she never imposed them.

One of her life sayings was: "to understand is to forgive." I don't know the original origin of this phrase, but it was, in a way, her life philosophy. It allowed Mom, and later me, to better understand the diversity of our surroundings and to more easily forgive the imperfections and mistakes of others, as long as we knew what they resulted from.

Another oft-quoted maxim was the phrase "never discuss with people about their religion and politics, because you will never convince them of your views, but only acquire opponents." From my own experience, I can confirm the validity of this view.

Despite the remoteness, I tried to see Mom at least once a year and somehow managed to do so. I will never forget this sight: a lonely and every year decreasing figure, standing in front of the house in a farewell gesture, with tears in her eyes, when I set off on another long journey. I always drove away with a clenched heart and the thought of whether I would ever see her again. I feel that despite my clumsy efforts, I was never able to repay the immensity of the love she bestowed on me.



Nyangao for 25 years, and now Mtwara. It's southeastern Tanzania, in the corner between the Indian Ocean and the border with Mozambique on the Ruvuma River. Only 30 kilometers from the border. There is no bridge over the river here and you have to go to Mozambique by boat. Maybe it's better, because about 30 km away is the town of Palma, famous for the activity of the radical Muslim group Al-Shabab. Every so often they chase them away, but then they reappear again. Fortunately, they do not attempt to enter Tanzania on a larger scale.

EPILOG

I wrote this book after many years of living and working in Africa. I began my African period in 1978 and it continues to this day. I started in Nigeria, with a short break in Haiti, and have been in Tanzania for over 30 years.

For most of that time, my companions and co-workers were and are Africans. Very often I was the only European among them. I think that in Poland we know very little about what Africans are like, although I prefer to talk about Tanzanians, because I spent most of that time here. Views that are a mixture of "Negro Bambo" and Kali from "In Desert and Wilderness" Sienkiewicz's still linger in our consciousness. Television, on the other hand, if it mentions Africa, it usually depicts dramatic situations, because those sell better. All in all, it gives a very questionable picture.

Besides, Tanzania is an unusual African country that is developing better than others despite its low economic status.

I spent so many years here, among other reasons, because I could be useful here, I was comfortable here for personal and professional reasons